

For Budget Narrative Template Version 1.2 (02-22-2021)



# **Table of Contents**

| Introduction       9         Budget Types       9         Acronyms Used in This Guide       10         Icons Used in This Guide       11         Key Features       12         Quick Start Guides       15         Non-Matching Grants       16         Introduction       16         Save the PDF Budget Template       16 |
|---|
| Acronyms Used in This Guide   |
| Icons Used in This Guide  |
| Key Features       12         Quick Start Guides       15         Non-Matching Grants       16         Introduction       16         Save the PDF Budget Template       16  |
| Quick Start Guides  |
| Non-Matching Grants   |
| Introduction  |
| Save the PDF Budget Template  |
|   |
| On anima the DDE Burdest Tampelate  |
| Opening the PDF Budget Template 16  |
| Index/Bookmarks16   |
| Tool Tips and Buttons   |
| Add and Delete Row Buttons16  |
| Budget Year   |
| Cost Sharing and Matching 17  |
| The Template has built-in validations in the form of Errors and Warnings  |
| Personnel   |
| Fringe Benefits17   |
| Travel  |
| Supplies & Other  |
| Contractual   |
| Indirect Charges  |
| Budget Summary  |
| Funding Limitations/Restrictions18  |
| Print to PDF  |
| Matching Grants   |
| Introduction  |
| Save the PDF Budget Template  |



|   | Opening the PDF Budget Template  | . 19 |
|---|--|------|
|   | Index/Bookmarks  | . 19 |
|   | Tool Tips and Buttons  | . 19 |
|   | Add and Delete Row Buttons   | . 19 |
|   | Budget Year  | . 19 |
|   | Cost Sharing and Matching  | . 20 |
|   | The Template has built-in validations in the form of Errors and Warnings | . 20 |
|   | Personnel  | . 20 |
|   | Fringe Benefits  | . 20 |
|   | Travel   | . 20 |
|   | Supplies & Other   | . 20 |
|   | Contractual  | . 20 |
|   | Indirect Charges   | . 21 |
|   | Review of Cost Sharing and Matching                                      | . 21 |
|   | Budget Summary   | . 21 |
|   | Funding Limitations/Restrictions   | . 21 |
|   | Print to PDF   | . 21 |
| V | ulti-Year Funded Grants  | 22   |
|   | Introduction   | . 22 |
|   | Indicating Multiple Incremental Periods in the Budget                    | . 22 |
|   | Save the PDF Budget Template   | . 22 |
|   | Opening the PDF Budget Template  | . 22 |
|   | Index/Bookmarks  | . 22 |
|   | Tool Tips and Buttons  | . 22 |
|   | Add and Delete Row Buttons   | . 23 |
|   | Budget Year  | . 23 |
|   | Cost Sharing and Matching  | . 23 |
|   | The Template has built-in validations in the form of Errors and Warnings | . 23 |
|   | Personnel  | . 23 |
|   | Fringe Benefits  | . 23 |



|      | Travel  | . 23 |
|------|---|------|
|      | Supplies & Other                                | . 24 |
|      | Contractual                                     | . 24 |
|      | Indirect Charges                                | . 24 |
|      | Review of Cost Sharing and Matching             | . 24 |
|      | Budget Summary                                  | . 24 |
|      | Funding Limitations/Restrictions                | . 24 |
|      | Print to PDF                                    | . 24 |
| Prir | iting To PDF                                    | 25   |
| ٧    | Vhy Print to PDF                                | 26   |
| H    | low To  | 26   |
| Δ    | lways Double Check Before Submitting            | 27   |
| Too  | ltips and Guidance                              | 28   |
| S    | tarting Out                                     | 29   |
| Δ    | pplicant / Recipient Identification Information | 34   |
| C    | OST SHARING AND MATCHING                        | 38   |
| Δ    | . Personnel                                     | 40   |
|      | Personnel Cost Table                            | . 41 |
|      | Personnel Narrative                             | . 43 |
| lı   | n-Kind Personnel                                | 43   |
|      | In-Kind Personnel Table                         | . 44 |
|      | In-Kind Personnel Narrative                     | . 45 |
| В    | . Fringe Benefits                               | 46   |
|      | Fringe Components Table                         | . 46 |
|      | Fringe Benefits Cost Table                      | . 47 |
|      | Fringe Benefits Narrative                       | . 48 |
| C    | . Travel  | 49   |
|      | Travel Cost Table                               | . 49 |
|      | Travel Narrative                                | . 51 |
| С    | ). Equipment                                    | 52   |
|      | Equipment Cost Table                            | . 52 |
|      |   |      |





|    | Equipment Narrative                                  | 53    |
|----|--|-------|
| Ε  | E. Supplies  | 54    |
|    | Supplies Cost Table                                  | 54    |
|    | Supplies Narrative                                   | 55    |
| F  | Contractual  | 56    |
| S  | Summary of Contractual Costs Table                   | 58    |
|    | Contractual Summary Narrative                        | 59    |
|    | CONTRACTUAL DETAILS                                  | 60    |
| G  | G. Construction: Not Applicable                      | 78    |
| Н  | H. Other   | 79    |
|    | Other Cost Table                                     | 80    |
|    | Other Narrative                                      | 82    |
| I. | . Total Direct Charges                               | 83    |
|    | Total Direct Charges Table                           | 83    |
| J. | . Indirect Charges                                   | 84    |
|    | Type of IDC Rate / Cost Allocation Plan              | 84    |
|    | J.1 We will not Charge IDC to the Grant              | 86    |
|    | J.2 De Minimis Rate                                  | 87    |
|    | J.3 Approved Federally Negotiated IDC Rate Agreement | 90    |
|    | J.4 Training Grant Rate of 8%                        | 92    |
|    | J.5 Cost Allocation Plan                             | 94    |
| R  | REVIEW OF COST SHARING AND MATCHING                  | 96    |
|    | Cost Sharing and Matching Narrative                  | 98    |
| В  | BUDGET SUMMARY                                       | 99    |
|    | A. Personnel   | . 100 |
|    | B. Fringe Benefits                                   | . 100 |
|    | C. Travel  | . 100 |
|    | D. Equipment   | . 100 |
|    | E. Supplies  | . 101 |
|    | F. Contractual                                       | . 101 |
|    | H. Other   | . 101 |
|    |  |       |



| I. Total Direct Charges  | 101 |
|--|-----|
| J. Indirect Charges  | 102 |
| K. Total Project Costs   | 102 |
| BUDGET SUMMARY FOR REQUESTED FUTURE YEARS  | 103 |
| Budget Summary Narrative   | 103 |
| FUNDING LIMITATIONS/RESTRICTIONS   | 104 |
| Funding Limitation/Restriction Narrative   | 105 |
| Frequently Asked Questions   | 106 |
| Why do we need to Print to PDF before submitting to SAMHSA?  | 107 |
| Where can I find information on Funding Limitations? Key Personnel requirements?  Matching requirements?   | 107 |
| What is the difference between the Quantity and Duration fields in the Supplies and budget categories?   |     |
| I am having technical issues with the budget template. Who should I contact to get h   | •   |
| Are we required to use this budget template?   | 107 |
| How do I have in-kind costs when my grant doesn't require matching?  | 107 |
| After adding all costs and calculating Indirect Costs, I am over budget. How can I fix t   |     |
| Why is there both a Fringe Rate and a Lump Sum field in the Fringe Benefits table?   | 108 |
| I tried to open the budget template, but all I see is a warning message saying "Please If this message is not eventually replaced by the proper contents of the document, y PDF viewer may not be able to display this type of document". What does this mean do I fix it? | our |
| References   | 109 |
| Official Regulations and Guidance  | 110 |
| Notice of Funding Opportunitys   | 110 |
| Sample Budgets   | 111 |
| Non-Match  | 112 |
| Match  | 123 |
| Multi-Year Funded  | 137 |





# Using This Guide



#### Introduction

This guide is designed to help you get started using the SAMHSA Budget Narrative Template right away as well as provide a general reference to all aspects of the SAMHSA Budget Narrative Template.

This guide is divided into six sections:

- 1. Key Features This describes the main features of the Budget Narrative Template
- 2. **Quick Start Guides** These are short tutorials on how to complete the Budget Narrative Template based on the type of budget you need to complete:
  - a. No Match Required
  - b. Match Required
  - c. Multi-Year Budgets
- 3. **Tooltips and Guidance** This section lists all tooltips and guidance provided within the Budget Narrative Template
- 4. **Frequently Asked Questions** These are some commonly asked questions we have received from grantees and the associated answers we provide
- 5. **References** This section contains links to various external resources and documentation that you may need when preparing your SAMHSA budget
- 6. **Samples** This section includes sample budgets using the template for each of the following budget types:
  - a. No Match Required
  - b. Match Required
  - c. Multi-Year Budgets

#### **Budget Types**

There are three types of budgets referenced throughout this guide:

- 1. **No Match Required** These are the simplest budgets to complete. Grantees do not have to provide any matching funds, they are for a single year, and they do not have to split funding between multiple SAMHSA centers
- 2. **Match Required** These budgets require the grantees to provide a specified portion of the total project costs from non-federal sources. Refer to the NOFO for more information
- 3. **Multi Year Budgets** These budgets span more than 12 months and must be broken down into multiple incremental periods.



#### Acronyms Used in This Guide

- **CMHS** Center for Mental Health Services
- **CSAP** Center for Substance Abuse Prevention
- **CSAP** Center for Substance Abuse Treatment
- NOFO Notice of Funding Opportunity
- **FY** Fiscal Year
- **GMS** Grants Management Specialist
- IDC Indirect Costs
- LOE Level of Effort (percentage based on a full-time work schedule of 2,080 hours per year)
- MTDC Modified Total Direct Cost
- NoA Notice of Award
- **PD** Project Director



#### Icons Used in This Guide



This represents a button that will allow you to add a line item to the budget.



This represents a button that will allow you to remove a line item in the budget.



This represents a button, which will either provide guidance or will perform an action (like saving or printing). Buttons will NOT be visible on the document printed to PDF or to a printer.



This indicates a new or updated feature from the previous version.



This indicates a feature specific to Multi-Year budgets



This indicates a feature specific to budgets that requires matching.



This indicates that a field is automatically populated.



This indicates a message that will pop up when clicking on one of the informational buttons. These messages will provide general guidance that will help you develop a good budget.



This indicates a tool tip that appears when you hover over a part of the template.



This indicates a warning message. The template will not overwrite anything you have entered, but you should try to address the issue raised.



This indicates an error message. The system will remove the last item entered and will not allow you to proceed until you have addressed the issue raised.



# Key Features



Function and shortcut keys — The dynamic PDF template works best with Adobe Acrobat or Reader. Save the template and open it directly in Acrobat or Reader. Click the 

button to add anew row or table with a corresponding narrative section. Click the 

button to delete only the rowor table with the X button and its narrative section. The "hot" keys below may be used when entering text in data fields. Use the bookmarks or thumbnails for faster navigation between pages.

|                  | Windows OS | Mac OS                           |
|------------------|------------|----------------------------------|
| Select All       | CRTL + A   | CTRL + A or Command (or Cmd) + A |
| Bold             | CTRL + B   | CTRL + B or Command (or Cmd) + B |
| Italics          | CTRL + I   | CTRL + I or Command (or Cmd) + I |
| Underline        | CTRL + U   | CTRL + U or Command (or Cmd) + U |
| Сору             | CTRL + C   | CTRL + C or Command (or Cmd) + C |
| Cut              | CTRL + X   | CTRL + X or Command (or Cmd) + X |
| Paste            | CTRL + V   | CTRL + V or Command (or Cmd) + V |
| Undo             | CTRL + Z   | CTRL + V or Command (or Cmd) + Z |
| Reduce font size | CTRL +=    | CTRL += or Command (or Cmd) +=   |

**Guidance provided in tool tips, text boxes, and buttons** – to view tool tips with instructions and guidance, hover your mouse over the table headers, text boxes, and data fields. Note the text in gray font and buttons with instructions/guidance are visible only on the screen – they will not appear on the document printed to PDF or to a printer.

**Fillable data fields are highlighted** – data may be entered only in fields that are highlighted (if you have enabled "fields highlight color" in Acrobat or Reader). Auto-calculated or read-only fields will not be highlighted. Text fields in tables are limited to between 50 and 300 characters (includingspaces) or up to several lines of text, whereas text fields in narrative sections are unlimited.

**Drop-down lists and calendar windows** – items may be selected from drop-down lists in the Travel and Indirect Charges (IDC) budget categories. Select the date from the calendar window inthe date fields. In the Travel table, items selected from the drop-down list will auto-populate the Basis. In the IDC budget category, the type of IDC or Cost Allocation Plan selected from the drop-down list will show the applicable IDC table.

#### Connections between budget categories to auto-populate data and totals:

- The Budget Year selection on page 1 auto-populates the Year(s) in the Budget Summary, Budget Summary for Requested Future Years, and Funding Limitations/Restrictions tables.
- Relevant data from the Personnel table auto-populates the Fringe Benefits Cost table.
- The name of the organization or consultant to identify each "contract" only has to be enteredonce to auto-populate the budget detail section for that "contract."
- The Budget Summary table is completely auto populated

**Validation errors** – values/amounts exceeding certain thresholds will be flagged as errors, which matbe addressed before the line-item cost can be calculated. Examples include:



- Annual Salaries in the Personnel budget category cannot exceed the Executive Level IIsalary of the Federal Executive Pay Scale.
- Levels of Effort (LOE) cannot exceed 100%.
- Total Fringe Rate cannot exceed the total of the fringe component rates
- Percentage of Equipment Cost Charged to the Project cannot exceed 100%.
- Onit Cost for Supplies cannot exceed \$5,000
- Bases to determine Indirect Charges cannot exceed the Total Direct Costs

**Validation warnings** – these warnings will prompt you to review the values/amounts entered if **te**y exceed certain thresholds.



# **Quick Start Guides**



#### Non-Matching Grants

#### Introduction

This SAMHSA PDF budget template facilitates completion of the Detailed Budget and Narrative Justification explaining the federal and the non-federal expenditures broken out by the object class categories in the SF-424A – Section B. It enables Applicants and Recipients to provide detailed calculations showing how each line-item expense was determined.

The PDF budget template provides applicants and recipients with guidance via tool tips, text boxes and buttons; Auto calculated data fields and totals; Data validations and much more.

#### Save the PDF Budget Template

Please save this PDF budget template to your computer before opening it directly in Adobe Acrobat or Acrobat Reader. To save this template, click the save button, choose where you would like to save the template, and click Save.

#### Opening the PDF Budget Template

To open the template, first open Adobe Acrobat or Acrobat Reader. Then click on File, select open, and Select the Budget Template PDF document. The dynamic PDF may not open properly in your internet browser, and the template may not function as designed if you use a third-party PDF software other than Adobe to open the budget template.

#### Index/Bookmarks

At the top of each page, you will notice an Index or Bookmarks button. Click this button to reveal the various sections of the budget template. Clicking the section name will take you directly to that section.

#### Tool Tips and Buttons

The budget template has several buttons with instruction and guidance. Remember to click these buttons to view guidance or to be redirected to SAMHSA's website with additional information. The guidance and buttons will disappear when printing to PDF for submission to SAMHSA.

This template has useful tooltips on nearly every text field and header. To reveal the tool tips, hover your cursor over the text field you wish to reveal. Please review the tooltips before completing each section.

#### Add and Delete Row Buttons

The tables have buttons that allow you to add and remove rows. When you add a row to a table, an additional blank narrative row will appear below the table. When you remove a row, the corresponding narrative row will be removed. If a table has only one row, you will not be able to delete it.

#### **Budget Year**

The budget year you select for your budget submission will appear in the header of the BUDGET SUMMARY section. The budget year will also determine how many columns will appear in the BUDGET SUMMARY FOR REQUESTED FUTURE YEARS and THE FUNDING LIMITATIONS AND RESTRICTIONS tables at the end of the template.



#### Cost Sharing and Matching

The default Cost Sharing and Matching option is No. For grants without matching, simply leave the selection as No.

#### The Template has built-in validations in the form of Errors and Warnings

One example of an error can be seen in the Personnel table. If the Annual Salary or Hourly Rate exceeds the Executive Level II salary limitation of \$199,300 annually or \$95.81 per hour as of January 3, 2021, you will receive an error message and your entry will be deleted.

#### Personnel

Note that in the Personnel table, you may use either Hourly Rate and Hours or Annual Salary and Level of Effort or LOE to calculate personnel costs. The default option is Annual Salary and LOE. Check the box to enable Hourly Rate and Hours.

#### Fringe Benefits

The Position, Name and Personnel Cost from the Personnel table will be automatically populated in the Fringe Benefits table. If you add a row to the Personnel table, a row will automatically be added to the Fringe Benefits table.

If you enter a percentage in the Total Fringe Rate in the Fringe Benefits table greater than the Total Fringe Rate in the Fringe Components table, you will receive an error and your entry will be deleted.

#### Travel

Remember not to show registration fees in the Travel table. Instead, show registration fees in the Section H. Other table or, if the registration fee is for a consultant or contractor, show it in the Contractual Other table.

#### Supplies & Other

In the Supplies table as well as in the Other table in Section H, you may enter values in either Quantity or Duration or BOTH, for example, to enter project supplies at \$100 per month, you would enter "\$100" in Unit Cost, enter "per month" in Basis, and "12" under Duration. This same functionality exists in the Contractual Supplies section and in the Contractual Other section.

#### Contractual

The Contractual Cost and FEDERAL REQUEST and if matching is required, the NON-FEDERAL MATCH columns, are automatically populated from the tables in the Contractual Details section below. You will notice that for the first "contract" shown, there are six check boxes to reveal budget category tables for that "contract." Please use these tables to show line-item costs for each "contract."

Each "contract" you add to the Summary of Contractual Costs table will generate its own Contractual Details section with six check boxes for that "contract."

When you delete a "contract" from the Summary of Contractual Costs table, all of the budget category tables for that "contract" will be deleted.



#### **Indirect Charges**

In Section J, Indirect Charges, select one of the five options. I am selecting the federally negotiated IDC rate agreement for this example. Note the amount of the base you enter cannot exceed your total direct charges shown under Total Federal Request in Section I. Total Direct Charges.

#### **Budget Summary**

The Budget Summary table is auto populated from data entered in the previous Sections A – Personnel through J – Indirect Charges.

#### Funding Limitations/Restrictions

In the narrative for each Funding Limitation or Restriction, remember to identify which line-item expense in your budget relate to the amounts shown in the Funding Limitation or Restriction table.

#### Print to PDF

Printing to PDF ensures that SAMHSA will be able to see all your budget data. Therefore, before submitting your budget to SAMHSA, remember to print the budget to PDF.

To print to PDF, click the Print button on the first page of the template, in the printer dropdown menu, select "Print to PDF," and click the Print button. Choose your location to save the PDF and use this PDF version for your eRA Commons submission.



#### **Matching Grants**

#### Introduction

This SAMHSA PDF budget template facilitates completion of the Detailed Budget and Narrative Justification explaining the federal and the non-federal expenditures broken out by the object class categories in the SF-424A – Section B. It enables Applicants and Recipients to provide detailed calculations showing how each line-item expense was determined.

The PDF budget template provides applicants and recipients with guidance via tool tips, text boxes and buttons; Auto calculated data fields and totals; Data validations and much more.

#### Save the PDF Budget Template

Please save this PDF budget template to your computer before opening it directly in Adobe Acrobat or Acrobat Reader. To save this template, click the save button, choose where you would like to save the template, and click Save.

#### Opening the PDF Budget Template

To open the template, first open Adobe Acrobat or Acrobat Reader. Then click on File, select open, and Select the Budget Template PDF document. The dynamic PDF may not open properly in your internet browser, and the template may not function as designed if you use a third-party PDF software other than Adobe to open the budget template.

#### Index/Bookmarks

At the top of each page, you will notice an Index or Bookmarks button. Click this button to reveal the various sections of the budget template. Clicking the section name will take you directly to that section.

#### Tool Tips and Buttons

The budget template has several buttons with instruction and guidance. Remember to click these buttons to view guidance or to be redirected to SAMHSA's website with additional information. The guidance and buttons will disappear when printing to PDF for submission to SAMHSA.

This template has useful tooltips on nearly every text field and header. To reveal the tool tips, hover your cursor over the text field you wish to reveal. Please review the tooltips before completing each section.

#### Add and Delete Row Buttons

The tables have buttons that allow you to add and remove rows. When you add a row to a table, an additional blank narrative row will appear below the table. When you remove a row, the corresponding narrative row will be removed. If a table has only one row, you will not be able to delete it.

#### **Budget Year**

The budget year you select for your budget submission will appear in the header of the BUDGET SUMMARY section. The budget year will also determine how many columns will appear in the BUDGET SUMMARY FOR REQUESTED FUTURE YEARS and THE FUNDING LIMITATIONS AND RESTRICTIONS tables at the end of the template.





#### Cost Sharing and Matching

The default Cost Sharing and Matching option is No. For grants with cost sharing requirements, select Yes and complete the two new fields (Match Ratio stated in the NOFO). Refer to the NOFO for the match rate specific to your grant.

Next to each line item in the budget, you will now see a column labeled "Non-Federal Match". Once you fill out each line item, simply insert the amount of matching funds apply to each item. Please note that this cannot be more than the amount calculated cost for that item. The Federal Request column will automatically update.

#### The Template has built-in validations in the form of Errors and Warnings

One example of an error can be seen in the Personnel table. If the Annual Salary or Hourly Rate exceeds the Executive Level II salary limitation of \$199,300 annually or \$95.81 per hour as of January 3, 2021, you will receive an error message and your entry will be deleted.

#### Personnel

Note that in the Personnel table, you may use either Hourly Rate and Hours or Annual Salary and Level of Effort or LOE to calculate personnel costs. The default option is Annual Salary and LOE. Check the box to enable Hourly Rate and Hours.

#### Fringe Benefits

The Position, Name and Personnel Cost from the Personnel table will be automatically populated in the Fringe Benefits table. If you add a row to the Personnel table, a row will automatically be added to the Fringe Benefits table.

If you enter a percentage in the Total Fringe Rate in the Fringe Benefits table greater than the Total Fringe Rate in the Fringe Components table, you will receive an error and your entry will be deleted.

#### Travel

Remember not to show registration fees in the Travel table. Instead, show registration fees in the Section H. Other table or, if the registration fee is for a consultant or contractor, show it in the Contractual Other table.

#### Supplies & Other

In the Supplies table as well as in the Other table in Section H, you may enter values in either Quantity or Duration or BOTH, for example, to enter project supplies at \$100 per month, you would enter "\$100" in Unit Cost, enter "per month" in Basis, and "12" under Duration. This same functionality exists in the Contractual Supplies section and in the Contractual Other section.

#### Contractual

The Contractual Cost and FEDERAL REQUEST and if matching is required, the NON-FEDERAL MATCH columns, are automatically populated from the tables in the Contractual Details section below. You will notice that for the first "contract" shown, there are six check boxes to reveal budget category tables for that "contract." Please use these tables to show line-item costs for each "contract."



Each "contract" you add to the Summary of Contractual Costs table will generate its own Contractual Details section with six check boxes for that "contract."

When you delete a "contract" from the Summary of Contractual Costs table, all of the budget category tables for that "contract" will be deleted.

#### Indirect Charges

In Section J, Indirect Charges, select one of the five options. I am selecting the federally negotiated IDC rate agreement for this example. Note the amount of the base you enter cannot exceed your total direct charges shown under Total Federal Request in Section I. Total Direct Charges.



If you had selected matching is required on page 1, you may see a message in the Review of Cost Sharing and Matching section stating that you have not met the minimum required match based on the match ratio entered on page 1. If you see this message, review the amount of NON-FEDERAL MATCH entered in the various tables.

#### **Budget Summary**

The Budget Summary table is auto populated from data entered in the previous Sections A – Personnel through J – Indirect Charges.

#### Funding Limitations/Restrictions

In the narrative for each Funding Limitation or Restriction, remember to identify which line-item expense in your budget relate to the amounts shown in the Funding Limitation or Restriction table.

#### Print to PDF

Printing to PDF ensures that SAMHSA will be able to see all your budget data. Therefore, before submitting your budget to SAMHSA, remember to print the budget to PDF.

To print to PDF, click the Print button on the first page of the template, in the printer dropdown menu, select "Print to PDF," and click the Print button. Choose your location to save the PDF and use this PDF version for your eRA Commons submission.



#### Multi-Year Funded Grants

#### Introduction

This SAMHSA PDF budget template facilitates completion of the Detailed Budget and Narrative Justification explaining the federal and the non-federal expenditures broken out by the object class categories in the SF-424A – Section B. It enables Applicants and Recipients to provide detailed calculations showing how each line-item expense was determined.

The PDF budget template provides applicants and recipients with guidance via tool tips, text boxes and buttons; Auto calculated data fields and totals; Data validations and much more.

#### Indicating Multiple Incremental Periods in the Budget

In order to show costs specific to an incremental period, create a blank line item in the Personnel, Fringe, Travel, Equipment, Supplies, and Other budget categories. In the first column of this line item, include a statement like "Supply Costs for Incremental Period 1 listed below" and in the associated Narrative row include the same statement. Then add rows below this for each item applicable to that incremental period. Repeat this process for the other incremental periods.

For contracts, you will need to create a separate contract for each incremental period, making sure to include a reference to the incremental period in the contract name.

#### Save the PDF Budget Template

Please save this PDF budget template to your computer before opening it directly in Adobe Acrobat or Acrobat Reader. To save this template, click the save button, choose where you would like to save the template, and click Save.

#### Opening the PDF Budget Template

To open the template, first open Adobe Acrobat or Acrobat Reader. Then click on File, select open, and Select the Budget Template PDF document. The dynamic PDF may not open properly in your internet browser, and the template may not function as designed if you use a third-party PDF software other than Adobe to open the budget template.

#### Index/Bookmarks

At the top of each page, you will notice an Index or Bookmarks button. Click this button to reveal the various sections of the budget template. Clicking the section name will take you directly to that section.

#### Tool Tips and Buttons

The budget template has several buttons with instruction and guidance. Remember to click these buttons to view guidance or to be redirected to SAMHSA's website with additional information. The guidance and buttons will disappear when printing to PDF for submission to SAMHSA.

This template has useful tooltips on nearly every text field and header. To reveal the tool tips, hover your cursor over the text field you wish to reveal. Please review the tooltips before completing each section.



#### Add and Delete Row Buttons

The tables have buttons that allow you to add and remove rows. When you add a row to a table, an additional blank narrative row will appear below the table. When you remove a row, the corresponding narrative row will be removed. If a table has only one row, you will not be able to delete it.

#### **Budget Year**

The budget year you select for your budget submission will appear in the header of the BUDGET SUMMARY section. The budget year will also determine how many columns will appear in the BUDGET SUMMARY FOR REQUESTED FUTURE YEARS and THE FUNDING LIMITATIONS AND RESTRICTIONS tables at the end of the template.



#### Cost Sharing and Matching

The default Cost Sharing and Matching option is No. Selecting Yes will reveal hidden data fields for you to complete. If your grant does not require matching, simply leave the selection as No.

For grants with cost sharing requirements, select Yes and complete the two new fields (Match Ratio stated in the NOFO). Refer to the NOFO for the match rate specific to your grant.

Next to each line item in the budget, you will now see a column labeled "Non-Federal Match". Once you fill out each line item, simply insert the amount of matching funds apply to each item. Please note that this cannot be more than the amount calculated cost for that item. The Federal Request column will automatically update after entering a value in the Non-Federal Match column.

#### The Template has built-in validations in the form of Errors and Warnings

One example of an error can be seen in the Personnel table. If the Annual Salary or Hourly Rate exceeds the Executive Level II salary limitation of \$199,300 annually or \$95.81 per hour as of January 3, 2021, you will receive an error message and your entry will be deleted.

#### Personnel

Note that in the Personnel table, you may use either Hourly Rate and Hours or Annual Salary and Level of Effort or LOE to calculate personnel costs. The default option is Annual Salary and LOE. Check the box to enable Hourly Rate and Hours.

#### Fringe Benefits

The Position, Name and Personnel Cost from the Personnel table will be automatically populated in the Fringe Benefits table. If you add a row to the Personnel table, a row will automatically be added to the Fringe Benefits table.

If you enter a percentage in the Total Fringe Rate in the Fringe Benefits table greater than the Total Fringe Rate in the Fringe Components table, you will receive an error and your entry will be deleted.

#### Travel

Remember not to show registration fees in the Travel table. Instead, show registration fees in the Section H. Other table or, if the registration fee is for a consultant or contractor, show it in the Contractual Other table.



#### Supplies & Other

In the Supplies table as well as in the Other table in Section H, you may enter values in either Quantity or Duration or BOTH, for example, to enter project supplies at \$100 per month, you would enter "\$100" in Unit Cost, enter "per month" in Basis, and "12" under Duration. This same functionality exists in the Contractual Supplies section and in the Contractual Other section.

#### Contractual

The Contractual Cost and FEDERAL REQUEST and if matching is required, the NON-FEDERAL MATCH columns, are automatically populated from the tables in the Contractual Details section below. You will notice that for the first "contract" shown, there are six check boxes to reveal budget category tables for that "contract." Please use these tables to show line-item costs for each "contract."

Each "contract" you add to the Summary of Contractual Costs table will generate its own Contractual Details section with six check boxes for that "contract."

When you delete a "contract" from the Summary of Contractual Costs table, all of the budget category tables for that "contract" will be deleted.

#### **Indirect Charges**

In Section J, Indirect Charges, select one of the five options. I am selecting the federally negotiated IDC rate agreement for this example. Note the amount of the base you enter cannot exceed your total direct charges shown under Total Federal Request in Section I. Total Direct Charges.



If you had selected matching is required on page 1, you may see a message in the Review of Cost Sharing and Matching section stating that you have not met the minimum required match based on the match ratio entered on page 1. If you see this message, review the amount of NON-FEDERAL MATCH entered in the various tables.

#### **Budget Summary**

The Budget Summary table is auto populated from data entered in the previous Sections A – Personnel through J – Indirect Charges.

#### Funding Limitations/Restrictions

In the narrative for each Funding Limitation or Restriction, remember to identify which line-item expense in your budget relate to the amounts shown in the Funding Limitation or Restriction table.

#### Print to PDF

Printing to PDF ensures that SAMHSA will be able to see all your budget data. Therefore, before submitting your budget to SAMHSA, remember to print the budget to PDF.

To print to PDF, click the Print button on the first page of the template, in the printer dropdown menu, select "Print to PDF," and click the Print button. Choose your location to save the PDF and use this PDF version for your eRA Commons submission.



# Printing To PDF



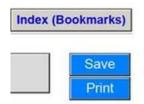
#### Why Print to PDF

Before you submit your budget narrative to eRA, please print to PDF.

There is an issue with submitting the dynamic PDF (the editable budget narrative template) to eRA, whereby the submitted PDF becomes corrupted. When you PRINT TO PDF, this issue does not occur.

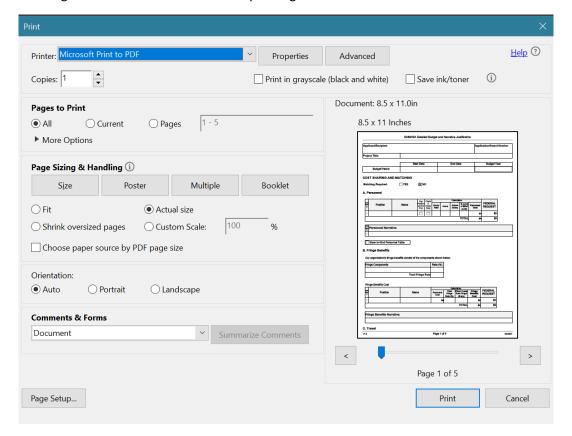
#### How To

To PRINT TO PDF, click on the Print button on the upper right of the template:



This will open the Print dialogue box with the printer set to something like <u>Microsoft Print to PDF</u>, which when you click the Print button it will ask you to save the PDF. This saved PDF is what we need you to submit.

The Print dialogue box will look like this when printing from Adobe Acrobat:





## Always Double Check Before Submitting

You should always double check the budget narrative before you submit it. If you see the following at the top of the first page, you are NOT submitting the correct version:

| SAMHSA Detailed Budget and Narrative Justification |                                      |                     | Index (Bookmarks) |  |
|--|--------------------------------------|---------------------|-------------------|--|
| INTRODUCTION                                       | INSTRUCTIONS                         | ADOBE TIPS          | Save<br>Print     |  |
| Applicant/Recipient f you see the following at the | Application/Award N                  | lumber              |                   |  |
|  | SAMHSA Detailed Budget and Narrative | Justification       |                   |  |
| Applicant/Recipient                                |                                      | Application/Award N | Number            |  |



# **Tooltips and Guidance**



**Starting Out** 

#### Introduction

#### Introduction



Click for Introduction / Overview of the budget template.

This button will NOT be visible on the document printed to PDF or to a printer.



#### OVERVIEW OF THE BUDGET TEMPLATE

This budget template facilitates completion of the Detailed Budget and Narrative Justification explaining the federal and the non-federal expenditures broken out by the object class categories in the SF-424A – Section B (Budget Categories). It enables applicants/recipients to provide detailed calculations showing how each line-item expense was determined.

The Detailed Budget and Narrative Justification must match the costs identified in the SF-424A Budget Information for non-construction programs and the total costs in both the SF-424 (Section 18) and SF-424A and must be consistent with and support the project narrative.

Applicants/recipients must demonstrate that costs are allowable (45 CFR Part 75.403). In other words, costs must be necessary and reasonable for the performance of the Federal award and must be allocable under the cost principles in the 45 CFR Part 75 Subpart E.

A cost is "necessary" if it meets a program objective.

A cost is "reasonable" if it meets the "prudent person" standard (45 CFR Part 75.404).

A cost is "allocable" to a Federal award if the goods or services involved are assignable to that Federal award in accordance with relative benefits received. In other words, if you charge 100 percent of an expenditure to a federal program, you must ensure that the federal program receives the entire benefit of the expenditure.

Costs must meet the following additional criteria in order to be allowable:

- 1. Costs must conform to any limitations or exclusions set forth in the cost principles or in the Federal award.
- 2. Costs must be consistent with the policies, regulations, and procedures that apply to both Federal awards and other activities of the applicant/recipient.
- 3. A cost may not be assigned to a Federal award as a direct cost if the same type of cost has already been allocated as an indirect cost.
- 4. Costs supported with Federal funds cannot be used to meet a cost-sharing or matching requirement for any other federally financed program.
- Costs must be adequately documented.





#### **INSTRUCTIONS**



#### **Instructions**

Click for instructions to review before completing the budget template.

This button will NOT be visible on the document printed to PDF or to a printer.



#### **INSTRUCTIONS**

#### 1. SAVE PDF BUDGET TEMPLATE

Before completing this budget template, save the PDF document to a location on your computer.

#### 2. OPEN PDF BUDGET TEMPLATE

The dynamic PDF budget template works best with Adobe Acrobat or Acrobat Reader. Open the budget template directly in Acrobat or Reader to enter data.

#### 3. PRINT TO PDF BEFORE SUBMISSION TO SAMHSA

Before submission to SAMHSA, you should print the completed budget to PDF. To print to PDF, click the "Print" button or go to File > Print > Printer > Adobe PDF.

#### 4. INDIRECT COST (IDC) RATE AGREEMENT

If you have an approved federally negotiated IDC rate agreement and you are charging IDC to the grant, you must include with your budget submission a copy of the IDC rate agreement in effect at the beginning of the budget period.

#### NOTE:

- 1. Guidance (see gray text and buttons) provided in the budget template will be visible only on the screen and will not appear in the document sent to your printer or printed to PDF.
- 2. Text data fields in most tables are limited to between 60 and 130 characters (including spaces) or about 2 to 3 lines of text, whereas text data fields in all narrative sections are unlimited. In the Travel table, Purpose and Destination are limited to 300 characters (including spaces). In the Summary of Contractual Costs table, the 2 text data fields are limited to 200 and 275 characters (including spaces), respectively.



#### **ADOBE TIPS**



#### **Adobe Tips**

Click for Adobe Tips to troubleshoot any issues with the budget template.

This button will NOT be visible on the document printed to PDF or to a printer.



#### **ADOBE TIPS**

#### 1. IF JAVASCRIPT IS NOT ENABLED

If you are unable to click the buttons and access other features of this PDF template, JavaScript may not be enabled. If JavaScript is not enabled ("Enabled" is the typical default setting), open Adobe Reader or Acrobat and go to Edit > Preferences > JavaScript and select "Enable Acrobat JavaScript."

#### 2. IF FILLABLE FIELDS ARE NOT HIGHLIGHTED

If you are unable to see the color highlight that indicate which fields require data, you may turn on the fields highlight color as follows: Go to Edit > Form Options > and click "Highlight Existing Fields."

Alternatively, you may go to Edit > Preferences > Forms > Highlight Color and select "Show border hover color for fields."

#### 3. IF THE ACTIVE FIELD IS FILLED WITH BLACK

If the active (blinking cursor) data field is filled with black and you cannot see what you are typing, go to Edit > Preferences > Accessibility and uncheck the box for "Replace Document Colors."

#### 4. IF SOME TOOL TIP TEXT APPEAR TO BE CUT OFF

If you are unable to see all the text in the tool Tip that appears when your mouse hovers over the cell/field, you should reduce the Windows/Mac OS scale setting to 100%.

For Windows OS, go to Settings > System > Display and reduce the "Change the size of text, apps, and other items" setting to 100%.

For Mac OS, go to System Preferences > Displays > and click the Display tab, then select the "Scaled" option under Resolution to adjust the scaling.



### SAVE



#### Save

Click to save document. Once saved, open the document directly in Adobe Acrobat or Acrobat Reader.

This button will NOT be visible on the document printed to PDF or to a printer.

#### PRINT



#### **Print**

Click to print document to PDF or printer.

Remember to PRINT TO PDF before submission to SAMHSA.

This button will NOT be visible on the document printed to PDF or to a printer.



#### Applicant / Recipient Identification Information

| Applicant/Recipient |            |          | Application/Award Number |
|---------------------|------------|----------|--------------------------|
|                     |            |          |                          |
| Project Title:      |            |          |                          |
|                     |            |          |                          |
|                     | Start Date | End Date | Budget Year              |
| Budget Period:      |            |          | ,                        |

# ?

#### **Applicant/Recipient:**

Enter the name of your organization.



#### **Application/Award Number:**

Enter the application or award number. If your grant has been awarded, refer to your Notice of Award (NoA) for the award number.

An example of the application or award number is SM065432 where SM is the Institute Code or Center from which the grant originates, for example, SM, SP, TI, and FG; and 065432 is the six-digit core grant number unique to that specified project.

- SM refers to the Center for Mental Health Services (CMHS).
- SP refers to the Center for Substance Abuse Prevention (CSAP).
- TI refers to the Center for Substance Abuse Treatment (CSAT).
- FG refers to the Center for Flex Grants.



#### **Project Title:**

Enter the title of the project.

#### **Budget Period:**



Enter the actual budget period start and end dates if your grant has been awarded. Otherwise, enter the proposed/ projected budget period dates based on the anticipated project start date.

Most SAMHSA grants have budget periods beginning 09/30 of one year and ending on 09/29 of the next.



#### **Start Date:**

Select the budget period start date from the calendar window or enter the date as MM/DD/YYYY. For example, enter September 30, 20YY as 09/30/20YY.



#### **End Date:**

Select the budget period end date from the calendar window or enter the date as MM/DD/YYYY. For example, enter September 29, 20YY as 09/29/20YY.





#### **Budget Year:**

Select the budget year (1, 2, 3, 4, or 5) from the drop-down list. If your grant has been awarded, refer to your Notice of Award (NoA) for the budget year.

The budget year selected will auto-populate "Year" in the following tables:

- BUDGET SUMMARY
- BUDGET SUMMARY FOR REQUESTED FUTURE YEARS
- FUNDING LIMITATIONS AND RESTRICTIONS

**Note:** If after entering amounts in the FUNDING LIMITATIONS AND RESTRICTIONS table(s), you change the budget year to remove future years from the table(s), remember to delete any amounts entered in those future years to ensure they are not included in the Total for Budget Category.



#### Guidance

The guidance below appears only on the screen and will disappear once you print the file to your printer or to PDF.

#### List of NOFOs by Fiscal Year

LINK: [https://www.samhsa.gov/grants/archive]

Before completing the Detailed Budget and Narrative Justification, review the **program-specific Funding Restrictions/Limitations and the Standard Funding Restrictions** in the Notice of Funding Opportunity (NOFO)

#### Electronic 45 CFR Part 75

LINK: [https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75]

For applicable Administrative Requirements and Cost Principles, refer to the 45 CFR Part 75

#### Summary of Unallowable Costs

For costs that are generally unallowable, refer to the 45 CFR Part 75, Subpart E, the HHS Grant Policy Statement (GPS), and the SAMHSA Notice of Funding Opportunity (NOFO)



#### **Summary of Unallowable Costs:**

click here for a summary of unallowable costs



Summary of The follow

Summary of Unallowable Costs

The following costs are usually unallowable under the 45 CFR Part 75, Subpart E, the HHS Grant Policy Statement (GPS), and SAMHSA's Notice of Funding Opportunities (NOFOs); this list is not intended to be all inclusive. If an item is not specifically listed under Subpart E, it is appropriate to consult other cost principles (i.e., the Federal Acquisition Regulations (FAR) 31.2) to determine allowability.

The allowability of costs under individual awards also may be governed by requirements specified in the program legislation, regulations, or the specific terms and conditions of the award, which will take precedence over the general discussion provided here (HHS GPS pg. II-28).

1. Advertising, Public Relations, and Promotional Materials (§75.421, HHS GPS, pg. II-30, NOFO, and HHS General Policy)

Advertising and public relations costs are generally not allowable except under the instances allowed by federal regulations or contract. Appropriated funds shall not be used to pay for promotional items including, but not limited to clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.

- 2. Alcoholic Beverages (§75.423 and HHS GPS, pg. II-30)
- 3. Automobile Costs for Personal Use (§75.431 (f))

Use of agency owned cars or payment of mileage for personal use, including commuting, are generally unallowable.

4. Contingency Funds (§75.433 and HHS GPS, pg. II-33)

Contributions set aside for events whose occurrence cannot be foretold with certainty as to time, intensity, or assurance of their happening are unallowable under non-construction grants.

- 5. Contributions, Donations and Gifts (§75.434)
- 6. Entertainment (§75.438 and HHS GPS, pg. II-33)

Costs of entertainment, including amusement, diversion, and social activities and any associated costs are unallowable, except where specific costs that might otherwise be considered entertainment have a programmatic purpose, reasonable, necessary and are authorized under the NoA.

- 7. Goods and Services for Personal Use (§75.445)
- 8. Honoraria (HHS GPS, pg. II-34)

Unallowable when the primary intent is to confer distinction on, or to symbolize respect, esteem, or admiration for, the recipient of the honorarium. A payment for services rendered, such as a speaker's fee under a conference grant, is allowable.

9. Lobbying/Political Activities (§75.450 and HHS GPS, pg. II-35)

The costs of certain influencing activities (i.e., attempts to influence the enactment or modification of any pending legislation through communication with any member or employee of the state legislature,



or with any government official or employee concerning a decision to sign or veto enrolled legislation) associated with obtaining grants, contracts, cooperative agreements, or loans is unallowable.

10. Major Alteration and Renovation (NOFO)

Payment for the purchase or construction of any building or structure to house any part of the program is unallowable under non-construction grants. However, SAMHSA applicants/recipients may request up to \$75,000 for minor renovations and alterations of existing facilities, if necessary and appropriate to the project.

11. Meals (HHS GPS, pg. II-36 and NOFO)

Meals are generally unallowable unless they are a necessary and an integral part of a conference grant, provided that such charges are not duplicated in participant's per diem or subsistence allowances or specifically stated as an allowable expense in the NOFO. SAMHSA grant funds may be used for light snacks, not to exceed \$3.00 per person per day.

- 12. Miscellaneous expenses (NOFO)","Budget line items should be for specific categories/expenses.
- 13. Stipends (HHS GPS, pg. II-41)

Stipends or payments made to individuals are generally unallowable unless they are payments made to individuals under a Traineeship, Fellowship, and Similar Award Made to Organizations on Behalf of Individuals.





# COST SHARING AND MATCHING

To determine whether the project requires non-federal matching funds or contributions, review the FOA Section III-2
- Cost Sharing and Matching Requirements.

Information on Matching

Select the applicable match option below. The default option is "NO."

Matching Required:

YES

**⋈** NO



# **Cost Sharing and Matching**

Review the NOFO Section III-2 – Cost Sharing and Matching Requirements to determine whether the project requires non-federal matching funds or contributions.

To determine whether the project requires non-federal matching funds or contributions, review the NOFO Section III-2 – Cost Sharing and Matching Requirements

# Information on Matching



# **Information on Matching**

click here for more information on matching



#### **MATCHING**

Matching funds may be in cash or in-kind contributions, fairly evaluated, including donated space, property, equipment, or services.

Sources of matching funds include state and local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations. In-kind contributions may include facilities, equipment, or services used in direct support of the project.

Matching funds (whether cash or in-kind) must meet the same test of allowability as the FEDERAL REQUEST in that the costs must be reasonable, allocable, and necessary for the accomplishment of the project objectives and allowable under the cost principles (45 CFR Part 75 Subpart E and Part 75.306 – Cost sharing or matching).

Cash or in-kind contributions are accepted as part of the applicant/recipient's cost sharing or matching when such contributions meet ALL the following criteria:

- a. Are verifiable from the applicant/recipient's records;
- b. Are not included as contributions for any other Federal award;
- c. Are necessary and reasonable for the accomplishment of project or program objectives;
- d. Are allowable under the cost principles in the 45 CFR Part 75 Subpart E;
- e. Are not paid by the Federal Government under another award, except whereby authorized by Federal statute to be used for cost sharing or matching;
- f. Are provided for in the approved budget when required by SAMHSA; and
- g. Conform to other provisions of the 45 CFR Part 75, as applicable.



Select the applicable match option below. The default option is "NO."



# Match Required: NO

"NO" is the default option. The NON-FEDERAL MATCH data fields in the budget tables will NOT be available to enter matching funds.



# Match Required: YES

Selecting "YES" will make the NON-FEDERAL MATCH data fields available to enter matching funds

# The Match Ratio section will be hidden if NO is selected for Match Required.

Match Ratio stated in the FOA:

The matching funds must not be less than \$ for each \$ of federal funds provided.

The match ratio you entered above means that for every \$1,000 of federal funds requested, the minimum required match will be

\$0.00

If the grant project requires cost sharing or matching, you should enter the amount of matching funds in NON-FEDERAL MATCH and describe in the narrative justification the funding/resources, whether cash or in-kind contributions, that your organization will provide and any contributions you expect to receive from the State or other sources.

Matching funds (whether cash or in-kind) must meet the same test of allowability as the FEDERAL REQUEST in that the costs must be reasonable, allocable, and necessary for the accomplishment of the project objectives and allowable under the cost principles (45 CFR Part 75 Subpart E and 45 CFR Part 75.306 - Cost sharing or matching).



#### Match Ratio stated in the NOFO:

The match ratio for the Budget Year as stated in the NOFO, Section III-2 – Cost Sharing and Matching Requirements.



# First \$x

Enter the first number in the match ratio statement for the budget year as stated in the NOFO, Section III-2 – Cost Sharing and Matching Requirements.



# Second \$x

Enter the second number in the match ratio statement for the budget year as stated in the NOFO, Section III-2 – Cost Sharing and Matching Requirements.

If the grant project requires cost sharing or matching, you should enter the amount of matching funds in NON-FEDERAL MATCH and describe in the narrative justification the funding/resources, whether cash or in-kind contributions, that your organization will provide and any contributions you expect to receive from the State or other sources.

Matching funds (whether cash or in-kind) must meet the same test of allowability as the FEDERAL REQUEST in that the costs must be reasonable, allocable, and necessary for the accomplishment of the project objectives and allowable under the cost principles (45 CFR Part 75 Subpart E and 45 CFR Part 75.306 – Cost sharing or matching).



#### A. Personnel

|   |                  |          |      | Key Check                  |                      |                |       |                  |                               |                   |                    |
|---|------------------|----------|------|----------------------------|----------------------|----------------|-------|------------------|-------------------------------|-------------------|--------------------|
|   | Line<br>tem<br># | Position | Name | Position<br>per the<br>FOA | if<br>Hourly<br>Rate | Hourly<br>Rate | Hours | Annual<br>Salary | % Level<br>of Effort<br>(LOE) | Personnel<br>Cost | FEDERAL<br>REQUEST |
| X | 1                |          |      |                            |                      |                |       |                  |                               | \$0               | \$0                |
| + |                  |          |      |                            |                      |                |       |                  | TOTAL                         | \$0               | \$0                |
|   |                  |          |      |                            |                      |                |       |                  |                               |                   | ,                  |

| Line<br>Item<br># | Personnel Narrative:         |
|-------------------|------------------------------|
| 1                 |                              |
|                   | Show In-Kind Personnel Table |

# A. Personnel



All positions shown must be relevant and allowable under the project. You must include the key staff positions identified in Section I-2 of the Notice of Funding Opportunity (NOFO) in this section; however, if the key positions will be held by consultants/contractors, show them in **F.** 

#### Contractual.

The Project Director (PD) shown must be the same PD identified in the SF-424.

Guidance on the Salaries of Indirect or Facilities and Administration (F&A) Administrative and Clerical Staff

SALARIES OF INDIRECT OR FACILITIES AND ADMINISTRATION (F&A) PERSONNEL
Salaries of indirect or F&A administrative and clerical staff are normally covered by indirect costs (45 CFR Part 75.413c). Direct charging of these costs (i.e. showing these costs in A.

Personnel) may be appropriate only if all the following conditions are met:

- administrative/clerical services are directly integral to the grant project or activity;
- individuals involved can be specifically identified with the grant project or activity;
- the costs are not also claimed as indirect costs in J. Indirect Charges.").

# Guidance on the Executive Level II Salary Limitation

# **EXECUTIVE LEVEL II SALARY LIMITATION**

Note that the Consolidated Appropriations Act, 2021, Public Law 116-260 signed December 27, 2020 restricts the amount of direct salary which may be paid to an individual under a SAMHSA grant, cooperative agreement, or applicable contract to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 3, 2021, the Executive Level II salary level is \$199,300 annually (or \$95.81 per hour for a full-time appointment of 2080 hours per year).

According to P.L. 116-260, Sec. 202: None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other external mechanism, at a rate in excess of Executive Level II.



The salary limitation applies to organization staff and to all subawards and subcontracts, but does not apply to consultants; however, consultant payments must meet the test of reasonableness and be consistent with institutional policy for rates paid to consultants, regardless of funding source.

An individual's institutional base salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to SAMHSA grants, cooperative agreements, and contracts. For individuals whose salary rates are in excess of Executive Level II, the applicant/recipient or contractor may pay the excess from non-Federal funds.").

#### Personnel Cost Table



#### Line Item #

An auto-generated number.



#### **Position:**

Enter the title of the position. The position must be relevant and allowable under the project. Show only positions held by full-time, part-time, or temporary employees of your organization

#### in A. Personnel.

Show consultants, contractors/subcontractors, subrecipients and other persons who are NOT employees of your organization in **F. Contractual**.

Note that the salaries of indirect or facilities & administration (F&A) administrative and clerical staff are usually covered by **J. Indirect Charges**.



# Name:

Enter the name of the organization employee in the position. If the position is vacant, state "vacant" or "TBD" and indicate the anticipated hire date or time frame (e.g., 3 months, 4 months etc.) for hire.

If the position is held by someone other than a full-time, part-time, or temporary employee of the organization, show the position in **F. Contractual.** 



#### **Key Position per the NOFO:**

Check the box if the position is identified as key personnel in the NOFO.

Key positions require prior approval by SAMHSA after review of credentials and job descriptions.



# **Check if Hourly Rate:**

Check the box if you would prefer to use Hourly Rate instead of Annual Salary.

Checking this box will remove values entered in Annual Salary and LOE for the line item.

Un-checking this box will remove values entered in Hourly Rate and Hours for the line item.



# **Hourly Rate:**

Enter the Hourly Rate. Ensure the Hourly Rate does not include fringe benefit costs.



The Hourly Rate must not exceed the Executive Level II salary level of \$95.81 per hour for a full-time appointment of 2080 hours per year, effective January 3, 2021.



#### **Hours:**

Enter the number of hours.

Hours must not exceed 2,080, which is typically full-time status or 100% level of effort for an individual.

For Key Positions whose personnel cost is based on Hourly Rates and Hours, indicate the percent Level of Effort for each position in the Personnel Narrative.



#### **Annual Salary:**

Enter the actual or projected Annual Salary. Ensure the Annual Salary does not include fringe benefit costs.

The Annual Salary must not exceed the Executive Level II salary level of \$199,300 annually, effective January 3, 2021.

Annual salaries must be reasonable for the services provided and conform to the established policy of the organization, consistently applied to both federal and non-federal activities.



# % Level of Effort (LOE):

Enter the percentage of time the employee will work on the project during the budget period.

An employee's total LOE across all active projects (including other federal awards) must NOT exceed 100%.



# 8

# **Personnel Cost:**

This is an auto-calculated field showing the personnel cost.

Personnel Cost = Annual Salary x Percent LOE.

If the position will not be charged to the project and cost-sharing or matching is not required, identify the position as an "in-kind" cost in the In-Kind Personnel table.



# **FEDERAL REQUEST:**

The FEDERAL REQUEST equals the amount in Personnel Cost.





#### **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the Personnel Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state



and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

|   |                   |          |      | Key Check                  | Check                | Calculation    |       |                  |                               |                   |                    | NON-             |
|---|-------------------|----------|------|----------------------------|----------------------|----------------|-------|------------------|-------------------------------|-------------------|--------------------|------------------|
|   | Line<br>Item<br># | Position | Name | Position<br>per the<br>FOA | if<br>Hourly<br>Rate | Hourly<br>Rate | Hours | Annual<br>Salary | % Level<br>of Effort<br>(LOE) | Personnel<br>Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| X | 1                 |          |      |                            |                      |                |       |                  |                               | \$0               | \$0                |                  |
| + |                   |          |      |                            |                      |                |       |                  | TOTAL                         | \$0               | \$0                |                  |

# (Enter TOTAL in SF-424A Section B, line 6a, column 2)

Personnel Narrative



#### **Personnel Narrative**

Describe the roles and responsibilities of each position and explain how they relate to achieving the goals and objectives of the project.

For individuals whose Annual Salaries or Hourly Rates exceed the Executive Level II Salary Limitation, provide their actual institutional base salaries or hourly rates.

For Key Positions whose personnel cost is based on Hourly Rates and Hours, indicate the percent Level of Effort for each position.

Individuals cannot exceed 100% level of effort across all active projects including other federal awards.



The In-kind Personnel Table will be hidden if YES is selected for Match Required.

|   | Line<br>Item<br># | Position | Name | Key<br>Position<br>per the<br>FOA | Check<br>if<br>Hourly<br>Rate | Hourly<br>Rate | Hours | Annual<br>Salary | % Level<br>of Effort<br>(LOE) |
|---|-------------------|----------|------|-----------------------------------|-------------------------------|----------------|-------|------------------|-------------------------------|
| X | 1                 |          |      |                                   |                               |                |       |                  |                               |
| + |                   |          |      |                                   |                               |                |       |                  |                               |



| Line<br>Iten | In-Kind Personnel Narrative: |
|--------------|------------------------------|
| 1            |                              |

# In-Kind Personnel



# **In-Kind Personnel Check Box**

If an employee will be working on the project, but the position will not be charged to the project, enter the position in the In-Kind Personnel Table as an "in-kind" cost.



# **In-Kind Personnel**

If an employee will be working on the project, but the position will not be charged to the project, enter the position as an "in-kind" cost in the table below.



#### In-Kind Personnel Table



# Line Item #

An auto-generated number.



#### **Position:**

Enter the title of the position. The position must be relevant and allowable under the project. Show only positions held by full-time, part-time, or temporary employees of your organization in this table.

Show consultants, contractors/subcontractors, subrecipients and other persons who are NOT employees of your organization in **F. Contractual**.

Note that the salaries of indirect or facilities & administration (F&A) administrative and clerical staff are usually covered by **J. Indirect Charges**.



# Name:

Enter the name of the organization employee in the position. If the position is vacant, state "vacant" or "TBD" and indicate the anticipated hire date or time frame (e.g., 3 months, 4 months etc.) for hire.

If the position is held by someone other than a full-time, part-time, or temporary employee of the organization, show the position in **F. Contractual.** 



#### **Key Position per the NOFO:**

Check the box if the position is identified as key personnel in the NOFO.

Key positions require prior approval by SAMHSA after review of credentials and job descriptions.



# **Check if Annual Salary:**

Check the box if you would prefer to use Hourly Rate instead of Annual Salary.

Checking this box will remove values entered in Annual Salary and LOE for the line item.

Un-checking this box will remove values entered in Hourly Rate and Hours for the line item.



# **Hourly Rate:**

Enter the Hourly Rate. Ensure the Hourly Rate does not include fringe benefit costs.

The Hourly Rate must not exceed the Executive Level II salary level of \$95.81 per hour for a full-time appointment of 2080 hours per year, effective January 3, 2021.



# **Hours:**

Enter the number of hours.

Hours must not exceed 2,080, which is typically full-time status or 100% level of effort for an individual.



For Key Positions whose personnel cost is based on Hourly Rates and Hours, indicate the percent Level of Effort for each position in the In-Kind Personnel Narrative.



#### **Annual Salary:**

Enter the actual or projected Annual Salary. Ensure the Annual Salary does not include fringe benefit costs.

The Annual Salary must not exceed the Executive Level II salary level of \$199,300 annually, effective January 3, 2021.

Annual salaries must be reasonable for the services provided and conform to the established policy of the organization, consistently applied to both federal and non-federal activities.



# % Level of Effort (LOE):

Enter the percentage of time the employee will work on the project during the budget period.

An employee's total LOE across all active projects (including other federal awards) must NOT exceed 100%.

# In-Kind Personnel Narrative



#### **In-Kind Personnel Narrative**

Describe the roles and responsibilities of each position and explain how they relate to achieving the goals and objectives of the project.

For individuals whose Annual Salaries or Hourly Rates exceed the Executive Level II Salary Limitation, provide their actual institutional base salaries or hourly rates.

For Key Positions shown as Hourly Rates and Hours, indicate the percent Level of Effort for each position.



# B. Fringe Benefits

Our organization's fringe benefits consist of the components shown below:

|   | Fringe Components | Rate (%) |
|---|-------------------|----------|
| X |                   |          |
| + | Total Fringe Rate |          |

#### Fringe Benefits Cost

|                   |      |                   | Calc                        |  | NON-                       |                    |                  |
|-------------------|------|-------------------|-----------------------------|--|----------------------------|--------------------|------------------|
| Line<br>Item<br># | Name | Personnel<br>Cost | Total<br>Fringe<br>Rate (%) | Fixed / Lump<br>Sum Fringe<br>(if any) | Fringe<br>Benefits<br>Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| 1                 |      | \$0               |                             |  | \$0                        | \$0                |                  |
|                   |      |                   |                             | TOTAL                                  | \$0                        | \$0                |                  |

| Fringe Benefits Narrative: |  |  |
|----------------------------|--|--|
|                            |  |  |

# **B.** Fringe Benefits



Fringe benefits are allowances and services provided to employees as compensation in addition to regular salaries and wages.

Fringe benefits charged to an award must comply with HHS regulations at 45 CFR Part 75.431 (Compensation – fringe benefits). The cost of fringe benefits in the form of employer contributions or expenses for social security; employee life, health, unemployment, and worker's compensation insurance (except as indicated in §75.447 – Insurance and indemnification); pension plan costs; and other similar benefits are allowable, provided such benefits are reasonable and are required by law, organization-employee agreement, or an established written policy of the applicant/recipient organization.

# Fringe Components Table



# **Fringe Components:**

Enter the various components of the allowances and services provided to employees as part of their compensation.

Fringe benefits may be in the form of employer contributions or expenses for FICA (Social Security and Medicare tax), employee life, health, unemployment, worker's compensation insurance, and other similar reasonable and allowable benefits as required by law, organization – employee agreement, or established written policies of the applicant/recipient organization (45 CFR Part 75.431: Compensation – fringe benefits).



#### **Rate (%):**

Enter the percentage for each fringe component.





# **Fringe Benefits Cost**

Fringe benefits shown in this table must apply only to the personnel listed in **A. Personnel** and only for the percentage of time devoted to the project.

# Fringe Benefits Cost Table



#### Line Item #

An auto-generated number.



#### **Position:**

This field is auto populated from **A. Personnel**. It is title of the position to which the fringe benefits rate will be applied.



#### Name:

This field is auto populated from **A. Personnel**. It is the name of the organization employee associated with the position.



#### **Personnel Cost:**

This field is auto populated from **A. Personnel**. It is the amount shown for each employee under Personnel Cost in **A. Personnel**.



# **Total Fringe Rate:**

Enter the Total Fringe Rate percent for your organization.



# Fixed / Lump Sum Cost (if any):

Enter any fixed or lump sum fringe benefit (i.e., not based on a percentage of the Personnel Cost). Leave blank if there is no fixed or lump sum fringe benefit to be applied to the employee.



#### **Fringe Benefits Cost:**

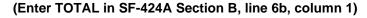
This is an auto-calculated field showing the fringe benefits cost.

Fringe Benefits Cost = (Personnel Cost x Total Fringe Rate) + Any Fixed or Lump Sum.



# **FEDERAL REQUEST:**

The FEDERAL REQUEST equals the amount in Fringe Benefits Cost.





#### **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.



In the Fringe Benefits Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

(Enter TOTAL in SF-424A Section B, line 6b, column 2)

Fringe Benefits Narrative



# Fringe Benefits Narrative

Explain any differences in the Total Fringe Rate between positions, anticipated increases in the Total Fringe Rate, and any fixed or lump sum fringe benefit costs.

**48** | Page 6/1/2021



# C. Travel

|           |         |             |      | Calculation                      |     |         | EEDED AL           | NON-             |
|-----------|---------|-------------|------|----------------------------------|-----|---------|--------------------|------------------|
| Trip<br># | Purpose | Destination | Item | Cost /<br>Rate per Basis<br>Item | per | of Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| X         |         |             | x -  |                                  |     | \$0     | \$0                |                  |
| 7'        |         |             | +    |                                  |     | ·       | Φυ                 |                  |
| +         |         |             |      |                                  | тот | TAL \$0 | \$0                |                  |

| 7 | Гriр<br># | Travel Narrative: |
|---|-----------|-------------------|
|   | 1         |                   |

# C. Travel



Funds requested in **C. Travel** should be for relevant and allowable travel costs for **applicant/recipient organization staff only**.

Show travel costs for consultants/contractors (along with consultant/contractor fees and other costs) in **F. Contractual**.

Show registration fees and travel costs for training participants, advisory committees, and review panels in **H. Other** itemized the same way as in this section.

Travel costs must comply with HHS regulations at 45 CFR Part 75.474 – Travel costs. If your organization does not have documented travel policies, the Federal GSA rates available at <a href="https://www.gsa.gov/travel-resources">https://www.gsa.gov/travel-resources</a> must be used.

# Travel Cost Table



# **Drop-down list items:**

- Hotel/Lodging
- Per Diems (M&IE only)
- Airfare
- Train/Bus
- Local Travel (POV Mileage)
- Car Rental
- Parking & Tolls
- Taxi
- Baggage Fees
- Other (No Registration Fees)

# Trip#

An auto-generated number.



# **Purpose:**

Briefly specify the purpose of the travel, e.g., mandatory grantee meeting, site visit, conduct participant/client activities, national conference, regional conference, professional meeting, convention, seminar, symposium etc.



# **Destination:**

Specify the location (City and State/District/Territory/Possession) where the trip will end. If destination is unknown, indicate "TBD" for "To Be Determined."



#### Item:

Select from the drop-down list one or more of the following items of cost associated with the travel:

- Hotel/Lodging
- Per Diems (Meals and Incidental Expenses (M&IE) only)
- Airfare
- Train/Bus
- Local Travel (Privately Owned Vehicle or POV mileage)
- Car Rental
- Taxis/Parking/Tolls
- Baggage Fees
- Other (No registration fees)

Divide trips requiring more than 30 line items into 2 separate trips and indicate so in the Purpose.



#### **Basis:**

The basis for the travel cost is auto populated depending on the selection from the drop-down list of Items:

- a. "Night" if Hotel/Lodging is selected.
- b. "Day" if Per Diems (M&IE only) is selected.
- c. "Round Trip" if Airfare or Train/Bus is selected.
- d. "Mile" if Local travel (POV mileage) is selected.
- e. "Day" if Car Rental is selected.
- f. "Day" if Taxis, Parking, and/or Tolls is selected.
- g. "Round Trip" if Baggage Fees is selected.

If Other (No registration fees) is selected, enter the relevant basis.



# Cost/Rate per Item:

Enter the cost/rate for each item:

- a. Hotel/Lodging enter the rate per night
- b. Per Diems (M&IE only) enter the cost per day
- c. Airfare or Train/Bus enter the cost per round trip

**50** | Page 6/1/2021



- d. Local travel (POV mileage) enter the cost per mile
- e. Car Rental enter the cost per day
- f. Taxis, Parking, and/or Tolls enter the cost per day
- g. Baggage Fees enter the cost per round trip
- h. Other (No registration fees)

Costs for contingencies and miscellaneous items are NOT allowable.



#### **Quantity of Item per Person:**

Enter the number of nights, days, miles, round trips, or other items for each person.



#### **Number of Persons:**

Enter the number of organization staff who will be travelling.



#### **Travel Cost:**

This is an auto-calculated field showing the travel cost.

Travel Cost = Cost or Rate per Item x Quantity per Person x Number of Persons.



# **FEDERAL REQUEST:**



The FEDERAL REQUEST equals the amount in Travel Cost.

(Enter TOTAL in SF-424A Section B, line 6c, column 1)



#### **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the Travel Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

# (Enter TOTAL in SF-424A Section B, line 6c, column 2)

Travel Narrative



#### **Travel Narrative**

Describe the purpose for each travel in relation to achieving the project goals and objectives. Describe the need for the travel (that is, explain how it will benefit the project) if the travel is not specifically required by the NOFO. Indicate the number of trips planned, staff who will be making the trip, and approximate dates.

If specific travel details are unknown, the basis for proposed travel costs should be explained (e.g., historical information). If you select "Other (No registration fees)" as an Item, describe the Item.



# D. Equipment

|   |                   |      |          | Calcu                               |                                      | NON-              |                    |                  |
|---|-------------------|------|----------|-------------------------------------|--------------------------------------|-------------------|--------------------|------------------|
|   | Line<br>Item<br># | Item | Quantity | Purchase or<br>Rental/Lease<br>Cost | Percent<br>Charged to the<br>Project | Equipment<br>Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| X | 1                 |      |          |                                     |                                      | \$0               | \$0                |                  |
| + |                   |      |          |                                     | TOTAL                                | \$0               | \$0                |                  |

| L | ine.<br>tem | Equipment Narrative: |
|---|-------------|----------------------|
|   | 1           |                      |

# D. Equipment

Equipment is an item of tangible, non-expendable, personal property having a useful life of more than one year AND a unit acquisition cost of \$5,000 or more or a cost capitalization threshold established by the applicant/recipient organization that is less. Organizations should follow their documented capitalization policy for classification of equipment. For example, an organization may classify equipment at \$1,500 with a useful life of one year.

List expendable items or materials in E. Supplies.

For vehicles and other high-value equipment, applicants/recipients should consider the cost benefits of rental/lease versus purchase.

Applicants/recipients are encouraged to use Federal excess and surplus property instead of purchasing new equipment whenever such use is feasible and reduces project costs (45 CFR Part 75.327f).

# **Equipment Cost Table**



#### Line Item #

An auto-generated number.



#### Item:

Describe the equipment to be purchased or rented/leased.

Note that general purpose equipment such as office equipment and furnishings, modular offices, telephone networks, information technology equipment and systems, air conditioning equipment, reproduction and printing equipment, and motor vehicles are <u>unallowable</u> as direct costs without SAMHSA's prior written approval (45 CFR Part 75.439).



# **Quantity:**

Enter the number of items of equipment to be purchased or rented/leased.



#### **Purchase or Rental/Lease Cost:**

Enter the unit cost of the equipment purchase or rental/lease. Other charges such as shipping, installation, taxes, duty or protective in-transit insurance, and maintenance costs should be included in the unit cost consistent with the organization's regular accounting practices.





# **Percentage Charged to the Project:**

Enter the percentage of the equipment's value to be charged to the project.

If the equipment will be used by several projects, you may only charge a percentage of the costs for the purchase or rental/lease based on the amount of time the equipment will be used for this grant project.



# **Equipment Cost:**

This is an auto-calculated field showing the equipment cost.

Equipment Cost = Quantity x (Purchase or Rental/Lease Cost) x Percent Charged to Project.



#### FEDERAL REQUEST:

The FEDERAL REQUEST equals the amount in Equipment Cost.

(Enter TOTAL in SF-424A, Section B, line 6d, column 1)



# **NON-FEDERAL MATCH:**

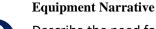
If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the Equipment Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

(Enter TOTAL in SF-424A, Section B, line 6d, column 2)

**Equipment Narrative** 





Describe the need for the equipment, i.e., explain how the use of each item of equipment is related to the implementation of the required/approved activities to achieve the specific project objectives.

Provide the basis for the unit cost of the equipment, e.g., fair market value, cost quotes etc., and describe the procurement method to be used (45 CFR Part 75.329 – Procurement procedures).

If you are proposing to purchase vehicles and other high value equipment instead of rental/lease, provide a purchase versus rent/lease analysis, or a statement explaining whether it is feasible and/or cost effective to purchase versus rental/lease.



# E. Supplies

|   |                   |      |           | C     |          | NON-     |                  |                    |                  |
|---|-------------------|------|-----------|-------|----------|----------|------------------|--------------------|------------------|
|   | Line<br>Item<br># | ltem | Unit Cost | Basis | Quantity | Duration | Supplies<br>Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| X | 1                 |      |           |       |          |          |                  |                    |                  |
| + |                   |      |           | •     |          | TOTAL    |                  |                    |                  |

| Line<br>Item<br># |  |
|-------------------|--|
| 1                 |  |

# E. Supplies



Supplies are items that cost less than \$5,000 per unit and often have a one-time use, that is, materials which are expendable or consumed during the performance of the Federal award. A computing device is a supply if the acquisition cost is less than the lesser of the capitalization

level established by the organization for financial statement purposes or \$5,000, regardless of the length of its useful life.

For each line item cost, include adequate justification and a detailed breakdown of your estimate. List the items by type of supplies (e.g., project supplies, postage, training materials, books, desktop computers, laptops, projectors etc.), unit cost, and quantity or duration.

If the individual or organizational entity will be serving clients/participants, show the number of clients/participants in the costs.

Note that in the specific case of computing devices, charging as direct costs is allowable for devices that are essential and allocable, but not solely dedicated, to the performance of a Federal award (45 CFR Part 75.453).

# Supplies Cost Table



# Line Item #

An auto generated number.



#### Item:

List supplies by type, e.g., project supplies, printing supplies, postage, laptops, desktop computers, printers, projectors, etc.





Enter the unit cost for the Basis shown. If the Basis is for example, copy, laptop, or printer etc., enter the cost for each copy, laptop, or printer etc. If the Basis is a unit of time (for example, week, month, quarter, year), enter the cost for each week, month, quarter, or year.



# **Basis:**

This field is for text only. Enter the basis for the unit cost, i.e., by type of item (for example, copy, laptop, printer, etc.) or by unit of time (for example, week, month, quarter, year etc.).







Enter the number of items needed.

You may enter a value in either Quantity or Duration, or both, if applicable.

#### **Duration:**



Enter the duration or length of time that the item will be needed.

You may enter a value in either Quantity or Duration, or both, if applicable.



# **Supplies Cost:**

This is an auto-calculated field showing the supplies cost.

Supplies Cost = Unit Cost x Quantity x Duration.

For example, cost for project supplies, printing supplies, postage etc. may be determined by multiplying the estimated cost per month entered in Unit Cost by the number of months entered in Duration with the Basis shown as "month."

# **FEDERAL REQUEST:**



The FEDERAL REQUEST equals the amount in Supplies Cost.

(Enter TOTAL in SF-424A, Section B, line 6e, column 1)



# **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the Supplies Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

(Enter TOTAL in SF-424A, Section B, line 6e, column 2)

# Supplies Narrative

# **Supplies Narrative**

Describe the type of supplies to be purchased and explain how each supply item is related to the implementation of the required/approved activities to achieve the specific project objectives. Include the breakdown of costs to show how you determined the unit cost for each supply item, if appropriate.



# F. Contractual

# F. Contractual

Describe the services and deliverables to be provided by each consultant, contract, subaward, or consortium agreement and provide the detailed budgets with the supporting narrative justification. Explain how the services and deliverables relate to the accomplishment of specific project objectives.

All procurement transactions must be conducted in a manner providing full and open competition consistent with the federal procurement standards in 45 CFR Part 75.328 – Competition.

Applicants/recipients must use their own documented procurement procedures which reflect applicable State, local, and tribal laws and regulations, provided that the procurements conform to applicable Federal law and the standards identified in the 45 CFR Part 75.

Applicants/recipients must maintain oversight to ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders.

For additional guidance, refer to the 45 CFR Part 75.326 through 75.335 on Procurement Standards.

Per the Suspension and Debarment regulations in the 45 CFR Part 75.213, non-federal entities and contractors are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, and 2 CFR parts 180 and 376. These regulations restrict awards, subawards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities.

Guidance on the Differences between Consultants, Contracts, Subawards and Consortium Agreements



# CONTRACTUAL COST GUIDANCE

Consultants are individuals retained to provide professional advice or services for a fee. The term "consultant" also includes a firm that provides paid professional advice or services.

Contracts are a legal instrument by which the recipient purchases goods and services needed to carry out the program or project under a Federal award and creates a procurement relationship with the contractor. Some characteristics indicative of a procurement relationship between the applicant/recipient and a contractor are when the contractor:

- 1. Provides similar goods or services to many different purchasers;
- 2. Normally operates in a competitive environment; and
- 3. Provides goods or services that are secondary to the operation of the Federal program.

Contracts include vendors (dealer, distributor or other sellers) that provide, for example, supplies, expendable materials, or data processing services to support project activities. The applicant/recipient must have established written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition. Per 45 CFR Part 75.2, when the substance of a contract meets the definition of subaward, it must be treated as a subaward.



Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal award, including a portion of the scope of work or objectives. Some characteristics which support the classification of the non-Federal entity as a subrecipient include when the non-Federal entity:

- 1. Determines who is eligible to receive what Federal assistance;
- 2. Has its performance measured in relation to whether objectives of a Federal program were met;
- 3. Has responsibility for programmatic decision-making;
- 4. Is responsible for adherence to applicable Federal program requirements specified in the Federal award; and
- 5. In accordance with its agreement, uses the Federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of the pass-through entity.

Recipients are responsible for ensuring that all subrecipients comply with the terms and conditions of the award, per 45 CFR Part 75.101.

The applicant/recipient must make case-by-case determinations whether each agreement it makes for the disbursement of Federal program funds casts the party receiving the funds in the role of a subrecipient or a contractor (45 CFR Part 75.351 – Subrecipient and contractor determinations).

Consortium Agreements are between entities (which may or may not include the recipient) working collaboratively on an award supported project. They address the roles, responsibilities, implementation, and rights and responsibilities between entities collaborating on an award.");

Guidance on the Executive Level II Salary Limitation for Salaries of Individuals Proposed Under Contracts and Subawards



Note that the Consolidated Appropriations Act, 2021, Public Law 116-260 signed December 27, 2020 restricts the amount of direct salary which may be paid to an individual under a SAMHSA grant, cooperative agreement, or applicable contract to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 3, 2021, the Executive Level II salary level is \$199,300 annually (or \$95.81 per hour for a full-time appointment of 2080 hours per year).

According to P.L. 116-260, Sec. 202: None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other external mechanism, at a rate in excess of Executive Level II.

The salary limitation applies to organization staff and to all subawards and subcontracts, but does not apply to consultants; however, consultant payments must meet the test of reasonableness and be consistent with institutional policy for rates paid to consultants, regardless of funding source.

An individual's institutional base salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to SAMHSA



grants, cooperative agreements, and contracts. For individuals whose salary rates are in excess of Executive Level II, the applicant/recipient or contractor may pay the excess from non-Federal funds.").

# Summary of Contractual Costs Table

Enter in the table below, the Name of the Organization or Consultant and Summary of Services & Deliverables Provided. The amounts in Contractual Cost, FEDERAL REQUEST, and NON-FEDERAL MATCH (only visible if you selected match is required on page 1), will be auto populated from the budget category tables for each "contract" in the Contractual Details section.

Click one or more check boxes in the Contractual Details section to access the budget category tables for Personnel, Fringe Benefits, Travel, Supplies, Other, and Indirect Charges to enter the line item details.

Click the button to add a new "contract" to the Summary of Contractual Costs table and generate a new Contractual Details section with the budget category tables for that "contract."

Clicking the X button to remove a "contract" will DELETE all data in the budget category tables for that "contract."

|   | Contract<br># | Name of Organization or<br>Consultant | Summary of Services & Deliverables Provided | Contractual<br>Cost | FEDERAL<br>REQUEST | NON-<br>FEDERAL<br>MATCH |
|---|---------------|---------------------------------------|---|---------------------|--------------------|--------------------------|
| X | 1             |                                       |   | \$0                 | \$0                | \$0                      |
| + |               |                                       | TOTAL                                       | \$0                 | \$0                | \$0                      |

| Co | ontract<br># | Contractual Summary Narrative: |
|----|--------------|--------------------------------|
|    | 1            |                                |



#### Contract #

An auto-generated number.





Enter the name of the organization or individual providing the service(s) and deliverable(s), and indicate whether they are a consultant, contractor/subcontractor/vendor, subrecipient, or a consortium.



# Summary of Services & Deliverables Provided:

Briefly describe the services and deliverables to be provided.



#### **Contractual Cost:**

This field is auto populated from the budget category tables in the Contractual Details section showing the total of the "contract" costs.



# **FEDERAL REQUEST:**

This field is auto populated from the budget category tables in the Contractual Details section. It is the total FEDERAL REQUEST for each "contract."

**58** | Page 6/1/2021



# (Enter TOTAL in SF-424A, Section B, line 6f, column 1)



This field is auto populated from the budget category tables in the Contractual Details section. If matching is required by the NOFO, this is the total amount of matching funds entered in NON-FEDERAL MATCH for each "contract."

# (Enter TOTAL in SF-424A, Section B, line 6f, column 2)

Contractual Summary Narrative



# **Contractual Summary Narrative**

For each "contract," explain the need for the services and deliverables and how they relate to the goals and objectives of the project.

For each "contract," provide the following information:

- 1. Method of selection/procurement (45 CFR Part 75.329 Procurement procedures) indicate whether the procurement method is a micro-purchase, small purchase, sealed bid, competitive proposal, or non-competitive proposal (provide justification if non-competitive/sole source);
- 2. Summary of specific tasks/activities to be performed and deliverables (any verifiable outcome, result, service or product that must be delivered, developed, performed or produced under the "contractor" as defined by the statement of work); and
- 3. Period of performance.

Note that costs incurred outside the award project period cannot be charged to the federal award.



# CONTRACTUAL DETAILS



# **Contractual Details**

Provide separate budgets for each "contract."

Costs for each "contract" must be broken out in enough detail with the supporting narrative justification provided for each line item expense.

Include the number of clients or participants in the costs, if applicable.

Contractual Details for: [name of the individual or organizational entity]

Select one or more applicable budget categories for the "contract" shown in the Summary of Contractual Costs table above:

- 1. Personnel
- 2. Fringe Benefits
- 3. Travel
- 4. Supplies
- 5. Other
- 6. Indirect Charges

**60** | Page 6/1/2021



# F.1 Contractual Personnel Cost for [name of the individual or organizational entity]



#### **Contractual Personnel Cost**

All positions shown must be relevant and allowable under the project.

If the Project Director (PD) key position will be held by a consultant or contractor/subcontractor or subrecipient, show the PD in this table, and ensure the PD shown is the same PD identified in the **SF-424**.

Also, if the PD key position will be held by a consultant or contractor/subcontractor or subrecipient, include a copy of the <u>formal written agreement/contract</u> that specifies the roles and responsibilities of the PD even if the relationship does not involve a fee or other form of remuneration.

#### F.1.1 Contractual Personnel Cost Table

| Ī |                   | n Position Name I'  | Key            | Check |                        |                | Calculati |                  | NON-                          |                                  |                    |                  |
|---|-------------------|---------------------|----------------|-------|------------------------|----------------|-----------|------------------|-------------------------------|----------------------------------|--------------------|------------------|
|   | Line<br>Item<br># |                     |                |       | if<br>Annual<br>Salary | Hourly<br>Rate | Hours     | Annual<br>Salary | % Level<br>of Effort<br>(LOE) | Contractual<br>Personnel<br>Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| X | 1                 |                     |                |       |                        |                |           |                  |                               |                                  |                    |                  |
| + |                   |                     |                |       | •                      |                |           |                  | TOTAL                         |                                  |                    |                  |
|   | Line<br>Item<br># | Contractual Personr | nel Narrative: |       |                        |                |           |                  |                               |                                  |                    |                  |
|   | 1                 |                     |                |       |                        |                |           |                  |                               |                                  |                    |                  |



#### Line Item #

An auto-generated number.



#### **Position:**

Enter the title of the position. The position must be relevant and allowable under the project.



# Name:

Enter the name of the person in the position.



# **Key Position per the NOFO:**

Check the box if the position is identified as key personnel in the NOFO.

Key positions require prior approval by SAMHSA after review of credentials and job descriptions.

If the Project Director (PD) key position will be held by a consultant or contractor/subcontractor or subrecipient, show the PD in this table, and ensure the PD shown is the same PD identified in the SF-424.



#### **Check if Annual Salary:**

Check the box if you would prefer to use Annual Salary instead of Hourly Rate.

Checking this box will remove values entered in Hourly Rate and Hours for the line item.



Un-checking this box will remove values entered in Annual Salary and LOE for the line item.



#### **Hourly Rate:**

Enter the Hourly Rate. Ensure the Hourly Rate does not include fringe benefit costs.

For subawards and subcontracts, the Hourly Rate must not exceed the Executive Level II salary level of \$95.81 per hour for a full-time appointment of 2080 hours per year, effective January 3, 2021.



# **Hours:**

Enter the number of hours.

Note that 2,080 hours is typically full-time status or 100% level of effort for an individual.

For Key Positions whose personnel cost is based on Hourly Rates and Hours, indicate the percent Level of Effort for each position in the Contractual Personnel Narrative.



#### **Annual Salary:**

Enter the actual or projected Annual Salary. Ensure the Annual Salary does not include fringe benefit costs.

For subawards and subcontracts, the Annual Salary must not exceed the Executive Level II salary level of \$199,300 annually, effective January 3, 2021.

Annual salaries must be reasonable for the services provided and conform to the established policy of the organization, consistently applied to both federal and non-federal activities.



#### % Level of Effort (LOE):

Enter the percentage of time the individual will work on the project during the budget period.

An individual's total LOE across all active projects (including other federal awards) must NOT exceed 100%.



# **Contractual Personnel Cost:**

This is an auto-calculated showing the contractual personnel cost.

If Hourly Rate and Hours are entered:

Contractual Personnel Cost = Hourly Rate x Hours.

If Annual Salary and Percent LOE are entered:

Contractual Personnel Cost = Annual Salary x Percent LOE.



# **FEDERAL REQUEST:**

The FEDERAL REQUEST equals the amount in Contractual Personnel Cost.



# **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.



Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the Contractual Personnel Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

#### F.1.2 Contractual Personnel Narrative



#### **Contractual Personnel Narrative**

Describe the roles and responsibilities of each position and explain how they relate to achieving the goals and objectives of the project.

If the PD key position will be held by a consultant or contractor/subcontractor or subrecipient, include a copy of the <u>formal written agreement/contract</u> that specifies the roles and responsibilities of the PD even if the relationship does not involve a fee or other form of remuneration.

For individuals whose Hourly Rates or Annual Salaries exceed the Executive Level II Salary Limitation, provide their actual institutional base salaries or hourly rates.

For Key Positions whose personnel cost is based on Hourly Rates and Hours, indicate the percent Level of Effort for each position.

Individuals cannot exceed 100% level of effort across all active projects including other federal awards.



# F.2 Contractual Fringe Benefits Cost for [name of the individual or organizational entity]



# **Contractual Fringe Benefit Cost**

Fringe benefits are allowances and services provided to staff as compensation in addition to regular salaries and wages.

Fringe benefits cost must comply with HHS regulations at 45 CFR Part 75.431 (Compensation – fringe benefits). The cost of fringe benefits in the form of employer contributions or expenses for social security; employee life, health, unemployment, and worker's compensation insurance (except as indicated in §75.447 – Insurance and indemnification); pension plan costs; and other similar benefits are allowable, provided such benefits are reasonable and are required by law, organization-employee agreement, or an established written policy of the entity/organization.

Contractual fringe benefits consist of the components shown below:

# F.2.1 Contractual Fringe Components Table

Contractual fringe benefits consist of the components shown below:

|   | Fringe Components | Rate (%) |
|---|-------------------|----------|
| X |                   |          |
| + | Total Fringe Rate |          |

#### Contractual Fringe Benefits Costs

|                   |            |      |                                  | Cald                        | culation                             | FEDERAL                                | NON-               |                  |
|-------------------|------------|------|----------------------------------|-----------------------------|--------------------------------------|--|--------------------|------------------|
| Line<br>Item<br># | m Position | Name | Contractual<br>Personnel<br>Cost | Total<br>Fringe<br>Rate (%) | Fixed /<br>Lump Sum<br>Cost (if any) | Contractual<br>Fringe<br>Benefits Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| 1                 |            |      |                                  |                             |                                      | \$0                                    | \$0                |                  |
|                   |            |      |                                  |                             | TOTAL                                | \$0                                    | \$0                |                  |

| Contractual Fringe Benefits Narrative: |
|--|
|  |



# **Fringe Components:**

Enter the various components of the allowances and services provided to employees as compensation in addition to regular salaries and wages.

Fringe benefits may be in the form of employer contributions or expenses for FICA (Social Security and Medicare tax), employee life, health, unemployment, worker's compensation insurance, and other similar reasonable and allowable benefits as required by law, organization – employee agreement, or established written policies of the entity/organization (45 CFR Part 75.431: Compensation – fringe benefits).



#### Rate:

Enter the percent for each fringe component.



# F.2.2 Contractual Fringe Benefits Cost Table



#### Line Item #

An auto-generated number.



#### **Position:**

This field is auto populated from Contractual Personnel. It is the title of the position to which the contractual fringe benefits rate will be applied.



# Name:

This field is auto populated from Contractual Personnel. It is the name of the individual associated with the position.



#### **Contractual Personnel Cost:**

This field is auto populated from Contractual Personnel. It is the amount shown for everyone under Contractual Personnel Cost in the Contractual Personnel table.



#### **Total Fringe Rate:**

Enter the percent Total Fringe Rate for the individual.



# Fixed / Lump Sum Cost (if any):

Enter any fixed or lump sum fringe benefit (i.e., not based on a percentage of the Contractual Personnel Cost).

Leave blank if there is no fixed or lump sum fringe benefit to be applied to the individual.



# **Contractual Fringe Benefits Cost:**

This is an auto-calculated field showing the contractual fringe benefits cost.

Contractual Fringe Benefits Cost = (Contractual Personnel Cost x Total Fringe Rate) + Any Fixed or Lump Sum Cost.



# **FEDERAL REQUEST:**

The FEDERAL REQUEST equals the amount in Contractual Fringe Benefits Cost.



# NON-FEDERAL MATCH:

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the Contractual Fringe Benefits Narrative section, indicate whether the matching funds are cash or inkind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.



# F.2.3 Contractual Fringe Benefits Narrative



# **Contractual Fringe Benefits Narrative**

Explain any differences in the Total Fringe Rate between positions, anticipated increases in the Total Fringe Rate, and any fixed or lump sum fringe benefit costs.



# F.3 Contractual Travel Cost for [name of the individual or organizational entity]

# **Contractual Travel Cost**

Show the travel costs for participants and consultants/contractors (along with consultant/contractor other travel-related fees and costs). Show registration fees for conferences and other events in **Contractual Other**.

Funds requested for travel should be for relevant and allowable travel costs.

Travel costs charged to the project must comply with HHS regulations at 45 CFR Part 75.474 – Travel costs. If the consultant or organizational entity does not have documented travel policies, the Federal GSA rates available at <a href="https://www.gsa.gov/travel-resources">https://www.gsa.gov/travel-resources</a> must be used.

#### F.3.1 Contractual Travel Cost Table

|   |           |         |             |   |      | FEDERAL                    | NON-  |                           |                         |             |                    |                  |
|---|-----------|---------|-------------|---|------|----------------------------|-------|---------------------------|-------------------------|-------------|--------------------|------------------|
|   | Trip<br># | Purpose | Destination |   | Item | Cost /<br>Rate per<br>Item | Basis | Quantity<br>per<br>Person | Number<br>of<br>Persons | Travel Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| X | ,         |         |             | X | •    |                            |       |                           |                         | \$0         |                    |                  |
|   | 1         |         |             | + |      |                            |       |                           |                         |             | \$0                |                  |
| + |           |         |             |   |      |                            |       | Т                         | OTAL                    | \$0         | \$0                |                  |

| Tr | <sup>ip</sup> Contra | actual Travel Narrative: |   |
|----|----------------------|--------------------------|---|
|    | ı                    |                          | 1 |



# Trip#

An auto-generated number.

# **Purpose:**



Briefly specify the purpose of the travel, e.g., mandatory grantee meeting, site visit, conduct participant/client activities, national conference, regional conference, professional meeting, convention, seminar, symposium etc.

# 8

#### **Destination:**

Specify the location (City and State/District/Territory/Possession) where the trip will end. If destination is unknown, indicate "TBD" for "To Be Determined."

# 0

#### Item:

Select from the drop-down list one or more of the following items of cost associated with the travel:

- Hotel/Lodging
- Per Diems (Meals and Incidental Expenses (M&IE) only)
- Airfare
- Train/Bus
- Local Travel (Privately Owned Vehicle or POV mileage)



- Car Rental
- Taxis/Parking/Tolls
- Baggage Fees
- Other items (No registration fees)

Divide trips requiring more than 30 line items into 2 separate trips and indicate so in the Purpose.



#### Basis:

The basis for the travel cost is auto populated depending on the selection from the drop-down list of Items:

- a. "Night" if Hotel/Lodging is selected.
- b. "Day" if Per Diems (M&IE only) is selected.
- c. "Round Trip" if Airfare or Train/Bus is selected.
- d. "Mile" if Local travel (POV mileage) is selected.
- e. "Day" if Car Rental is selected.
- f. "Day" if Taxis, Parking, and/or Tolls is selected.
- g. "Round Trip" if Baggage Fees is selected.

If Other (No registration fees) is selected, enter the relevant basis



#### Cost/Rate per Item:

Enter the cost/rate for each item:

- a. Hotel/Lodging enter the rate per night
- b. Per Diems (M&IE only) enter the cost per day
- c. Airfare or Train/Bus enter the cost per round trip
- d. Local travel (POV mileage) enter the cost per mile
- e. Car Rental enter the cost per day
- f. Taxis, Parking, and/or Tolls enter the cost per day
- g. Baggage Fees enter the cost per round trip
- h. Other (No registration fees)

Costs for contingencies and miscellaneous items are NOT allowable.



# **Quantity of Item per Person:**

Enter the number of nights, days, miles, round trips, or other items for each person.



# **Number of Persons:**

Enter the number of persons who will be travelling.



#### **Contract Travel Cost:**

This is an auto-calculated field showing the contractual travel cost.



Contract Travel Cost = Cost or Rate per Item x Quantity per Person x Number of Persons.



# FEDERAL REQUEST:

The FEDERAL REQUEST equals the amount in Contractual Travel Cost.



# **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the Contractual Travel Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

#### F.3.2 Contractual Travel Narrative

# **Contractual Travel Narrative**

Describe the purpose for each travel in relation to achieving the project goals and objectives.

Describe the need for the travel (that is, explain how it will benefit the project) if the travel is not specifically required by the NOFO. Indicate the number of trips planned, staff who will be making the trip, and approximate dates.

If specific travel details are unknown, the basis for proposed travel costs should be explained (e.g., historical information).

For each line item cost, include adequate justification and a detailed breakdown of your estimate. If you select "Other (No registration fees)" as an Item, describe the Item.

If the consultant or organizational entity will be serving clients/participants, show the number of clients/participants in the costs.



# F.4 Contractual Supplies Cost for [name of the individual or organizational entity]

# **Contractual Supplies Cost**

Supplies are items that cost less than \$5,000 per unit and often have a one-time use, that is, materials which are expendable or consumed during the performance of the Federal award. A computing device is a supply if the acquisition cost is less than the lesser of the capitalization level established by the organization for financial statement purposes or \$5,000, regardless of the length of its useful life.

For each line item cost, include adequate justification and a detailed breakdown of your estimate. List the items by type of supplies (e.g., project supplies, postage, training materials, books, desktop computers, laptops, projectors etc.), unit cost, and quantity or duration.

If the individual or organizational entity will be serving clients/participants, show the number of clients/participants in the costs.

Note that in the specific case of computing devices, charging as direct costs is allowable for devices that are essential and allocable, but not solely dedicated, to the performance of a Federal award (45 CFR Part 75.453).

# F.4.1 Contractual Supplies Cost Table

Contractual Supplies Costs for

|   |                   |      |           | C     |          | NON-     |                                 |                    |                  |
|---|-------------------|------|-----------|-------|----------|----------|---------------------------------|--------------------|------------------|
|   | Line<br>Item<br># | Item | Unit Cost | Basis | Quantity | Duration | Contractual<br>Supplies<br>Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| X | 1                 |      |           |       |          |          |                                 |                    |                  |
| + |                   |      |           |       |          | TOTAL    |                                 |                    |                  |

| Line<br>Item<br># | Contractual Supplies Narrative: |
|-------------------|---------------------------------|
| 1                 |                                 |



#### Line Item #

An auto generated number.



# Item:

List supplies by type, e.g., project supplies, printing supplies, postage, laptops, desktop computers, printers, projectors, etc.

# **Unit Cost:**



Enter the unit cost for the Basis shown. If the Basis is for example, copy, laptop, or printer etc., enter the cost for each copy, laptop, or printer etc. If the Basis is a unit of time (for example, week, month, quarter, year), enter the cost for each week, month, quarter, or year.





#### **Basis:**

This field is for text only. Enter the basis for the unit cost, i.e., by type of item (for example, copy, laptop, printer, etc.) or by unit of time (for example, week, month, quarter, year etc.).



#### Quantity:

Enter the number of items needed.

You may enter a value in either Quantity or Duration, or both, if applicable.



#### **Duration:**

Enter the duration or length of time that the item will be needed.

You may enter a value in either Quantity or Duration, or both, if applicable.



# **Contractual Supplies Cost:**

This is an auto-calculated field showing the supplies cost.

Contractual Supplies Cost = Unit Cost x Quantity x Duration.

For example, cost for project supplies, printing supplies, postage etc. may be determined by multiplying the estimated cost per month entered in Unit Cost by the number of months entered in Duration with the Basis shown as "month."





# FEDERAL REQUEST:

The FEDERAL REQUEST equals the amount in Contractual Supplies Cost.



#### **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the Contractual Supplies Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

# F.4.2 Contractual Supplies Narrative



# **Contractual Supplies Narrative:**

Describe the type of supplies to be purchased and explain how each supply item is related to the implementation of the required/approved activities to achieve the specific project objectives. Include the breakdown of costs to show how you determined the unit cost for each item, if appropriate.



F.5 Contractual Other Cost for [name of the individual or organizational entity]

#### **Contractual Other Cost**



The Other category is for any expenses not covered in the previous budget categories. Ensure that costs shown under "Other" are not already covered by the Indirect Charges. Costs you may show under "Other" include:

- Minor alteration and renovation (A&R)
- Rent
- Participant/ client incentives (a recipient or treatment or prevention provider may
  provide up to \$30 non-cash incentive to individuals to participate in required data
  collection follow up)
- Telephone
- Training activities (except for consultant and contractual costs)
- Travel for training participants
- Registration fees

List items or type of expense and explain why each is needed to achieve the project goals and objectives. Show the basis for the calculations – breakdown costs into the cost per unit or rate (e.g., cost per square foot, cost per light snack, cost per participant etc.) and quantity.

**For training projects, list the travel and meals for trainees separately.** Show the number of trainees/ attendees/ participants and the unit costs involved. Itemize travel costs the same way as in **C. Travel.** 

# Click here for guidance on Minor A&R



#### MINOR ALTERATION AND RENOVATION

Minor A&R is defined as work that changes the interior arrangement or other physical characteristics of an existing facility or installed equipment so that it can be used more effectively for its currently designed purpose or adapted to an alternative use to meet a programmatic requirement.

A&R may include work referred to as improvements, conversion, rehabilitation, or remodeling, but is distinguished from new facility construction, facility expansion, or major A&R where the total federal and non-federal costs, excluding moveable equipment (equipment that is not permanently affixed), exceeds \$500,000.

No more than \$75,000 in federal funds over the total period of performance may be used to support minor A&R activities, and such requested must be submitted to the Grants Management Officer for formal prior approval. SAMHSA awarded funds cannot be used to support the construction, expansion or major alteration and renovation of facilities. If the proposed project is part of a larger overall project that exceeds \$500,000, it may not be artificially segmented to achieve the cost threshold.



## Click here for guidance on Rental Costs



Costs related to office space are typically included in the indirect cost rate. However, if rental costs for service site(s) are necessary for project activities, they may be requested as a direct charge. Rent must be calculated based on square footage or FTE, and if multiple programs are using the space, the rental cost must reflect SAMHSA's fair share of the space.

If rental costs are requested as a direct charge, provide the following:

- 1. Signed copy of the current lease and floor plan (including common areas) that specifically identifies the owner of the space/facility.
- 2. Description of the relationship of the owner(s) of the space/facility to the applicant/recipient, if any, and an explanation of whether anyone related to the applicant/ recipient owns the building which is less than an "arms" length arrangement.
- 3. Methodology such as square footage (SF) or full-time equivalents (FTEs) used to allocate the rental cost to the project or activities and, thereby, determine SAMHSA's fair share of the rental cost if multiple programs are using the space.
- Completed Rent Questions Worksheet and supporting documentation: https://www.samhsa.gov/sites/default/files/rentquestionsworksheet.docx

## Click here to access the Rent Questions Worksheet

LINK: [https://www.samhsa.gov/sites/default/files/rentquestionsworksheet.docx]

#### F.5.1 Contractual Other Cost Table

|   |                   |      |                     | Ca    | alculation |          |                           |                    | NON-             |
|---|-------------------|------|---------------------|-------|------------|----------|---------------------------|--------------------|------------------|
|   | Line<br>Item<br># | ltem | Unit Cost /<br>Rate | Basis | Quantity   | Duration | Contractual<br>Other Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| X | 1                 |      |                     |       |            |          |                           |                    |                  |
| + | TOTAL             |      |                     |       |            |          |                           |                    |                  |

| Line<br>Item<br># | Contractual Other Narrative: |
|-------------------|------------------------------|
| 1                 |                              |



#### Line Item #

An auto generated number.



#### Item:

List each item by type of expense. "Miscellaneous" and "contingency" expenses are NOT acceptable line items.



**Meals** are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the NOFO. However, SAMHSA's grant funds may be used for **light** snacks, not to exceed \$3.00 per person.

Other sources of funds may be used for **unallowable costs** (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.



#### **Unit Cost/ Rate:**

Enter the Unit Cost or Rate for each item for the Basis shown.

#### Basis:



This field is for text only. Enter the Basis for the Unit Cost/ Rate, e.g., square feet, brochure, client/ participant, incentive, etc. or unit of time (such as hour, day, week, month, quarter, or year), or another Basis as applicable.



#### Quantity:

Enter the number of items needed e.g., phones, brochures, clients/participants, incentives etc. that is appropriate for the Unit Cost/ Rate and Basis.

You may enter a value in either Quantity or Duration, or both, if applicable.



#### **Duration:**

Enter the number of hours, days, weeks, months, quarters that is appropriate for the Unit Cost/ Rate and Basis, if applicable.

You may enter a value in either Quantity or Duration, or both, if applicable.



#### **Contractual Other Cost:**

This is an auto-calculated field showing the contractual other cost.

Contractual Other Cost = (Unit Cost or Rate) x Quantity x Duration.



#### FEDERAL REQUEST:

The FEDERAL REQUEST equals the amount in Contractual Other Cost.



#### **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the Contractual Other Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.



#### F.5.2 Contractual Other Narrative



#### **Contractual Other Narrative**

Explain why each item or type of expense is necessary for the successful implementation and completion of the project.

If incentives are requested, adequately justify the need for incentives as required in the NOFO (see the Absence of Coercion section in Appendix D – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines).

If rent is requested as a direct charge (i.e., not already covered by the indirect cost rate), provide the following:

- 1. Signed copy of the current lease and floor plan (including common areas) that specifically identifies the owner of the space/facility.
- 2. Description of the relationship of the owner(s) of the space/facility to the applicant/recipient, if any, and an explanation of whether anyone related to the applicant/ recipient owns the building which is less than an "arms' length arrangement."
- 3. Methodology such as square footage (SF) or full-time equivalents (FTEs) used to allocate the rental cost to the project or activities and thereby determine SAMHSA's fair share of the rental cost if multiple programs are using the space.
- Completed Rent Questions Worksheet and supporting documentation: https://www.samhsa.gov/sites/default/files/rentquestionsworksheet.docx



#### F.6 Contractual Indirect Charges for [name of the individual or organizational entity]

# 8

#### **Contractual Indirect Charges**

Indirect charges or costs (IDC) are those costs incurred for common or joint objectives which cannot be readily identified with an individual project or program but are necessary for the operations of the organization/entity.

If applicable, include any contractual IDC (i.e., IDC for consultants, contractors/subcontractors, or subrecipients) to be charged to the project. Do <u>NOT</u> include contractual IDC in <u>J. Indirect Charges and</u> with your IDC in the SF-424A.

#### F.6.1 Contractual IDC Table

|              | Calculation | FEDERAL         | NON-    |                  |
|--------------|-------------|-----------------|---------|------------------|
| IDC Rate (%) | Base        | Contractual IDC | REQUEST | FEDERAL<br>MATCH |
|              |             | \$0             | \$0     |                  |
|              | TOTAL       | \$0             | \$0     |                  |

Contractual Indirect Charges Narrative:



#### **IDC Rate** (%):

Enter the entity's IDC rate.



#### Base:

Enter the total of all applicable direct cost categories.



#### **IDC:**

This is an auto-calculated field showing the IDC amount. The IDC is calculated by applying the IDC rate to the base.

IDC = IDC Rate x Base.



#### FEDERAL REQUEST:

The FEDERAL REQUEST equals the amount in IDC.



#### **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the Contractual IDC Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state



and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

## F.6.2 Contractual Indirect Charges Narrative



## **Contractual Indirect Charges Narrative**

Show how the base was determined, that is, list the categories and amounts of direct costs to which the IDC rate was applied.

77 | Page 6/1/2021



#### G. Construction: Not Applicable

Construction or major alteration and renovation (A&R) is not authorized under this program. Leave this section blank on line 6g of the SF-424A. Such activities are allowable only when program legislation includes specific authority for construction. If requesting consideration of minor A&R, provide those costs under the **H. Other** budget category and line 6h of the SF-424A.

## G. Construction: Not Applicable

Construction or major alteration and renovation (A&R) is not authorized under this program. Leave this section blank on line 6g of the SF-424A. Such activities are allowable only when program legislation includes specific authority for construction. If requesting consideration of minor A&R, provide those costs under the **H**. Other budget category and line 6h of the SF-424A.



#### H. Other



The Other category is for any expenses not covered in the previous budget categories. Ensure that costs shown under "Other" are not already covered by J. Indirect Charges. Costs you may show under "Other" include:

- 1. Minor alteration and renovation (A&R)
- 2. Rent
- 3. Participant/ client incentives (a recipient or treatment or prevention provider may provide up to \$30 non-cash incentive to individuals to participate in required data collection follow up)
- 4. Telephone
- 5. Training activities (except for consultant and contractual costs)
- 6. Travel for training participants
- 7. Registration fees

List items or type of expense and explain why each is needed to achieve the project goals and objectives. Show the basis for the calculations – breakdown costs into the cost per unit or rate (e.g., cost per square foot, cost per light snack, cost per participant etc.) and quantity.

For training projects, list the travel and meals for trainees separately. Show the number of trainees/ attendees/ participants and the unit costs involved. Itemize travel costs the same way as in C. Travel.

## Click Here for guidance on Minor A&R



#### MINOR ALTERATION AND RENOVATION

Minor A&R is defined as work that changes the interior arrangement or other physical characteristics of an existing facility or installed equipment so that it can be used more effectively for its currently designed purpose or adapted to an alternative use to meet a programmatic requirement.

A&R may include work referred to as improvements, conversion, rehabilitation, or remodeling, but is distinguished from new facility construction, facility expansion, or major A&R where the total federal and non-federal costs, excluding moveable equipment (equipment that is not permanently affixed), exceeds \$500,000.

No more than \$75,000 in federal funds over the total period of performance may be used to support minor A&R activities, and such requested must be submitted to the Grants Management Officer for formal prior approval. SAMHSA awarded funds cannot be used to support the construction, expansion or major alteration and renovation of facilities. If the proposed project is part of a larger overall project that exceeds \$500,000, it may not be artificially segmented to achieve the cost threshold.

**79** | Page 6/1/2021



#### Click Here for guidance on Rental Costs

**RENTAL COSTS** 

Costs related to office space are typically included in the indirect cost rate. However, if rental costs for service site(s) are necessary for project activities, they may be requested as a direct charge. Rent must be calculated based on square footage or FTE, and if multiple programs are using the space, the rental cost must reflect SAMHSA's fair share of the space.

If rental costs are requested as a direct charge, provide the following:

- 1. Signed copy of the current lease and floor plan (including common areas) that specifically identifies the owner of the space/facility.
- 2. Description of the relationship of the owner(s) of the space/facility to the applicant/recipient, if any, and an explanation of whether anyone related to the applicant/ recipient owns the building which is less than an "arms" length arrangement.
- 3. Methodology such as square footage (SF) or full-time equivalents (FTEs) used to allocate the rental cost to the project or activities and, thereby, determine SAMHSA's fair share of the rental cost if multiple programs are using the space.
- Completed Rent Questions Worksheet and supporting documentation: https://www.samhsa.gov/sites/default/files/rentquestionsworksheet.docx

Click here to access the Rent Questions Worksheet

LINK: [https://www.samhsa.gov/sites/default/files/rentquestionsworksheet.docx]

#### Other Cost Table

|   |                   |      | Calculation         |       |          |          |            | NON-               |                  |
|---|-------------------|------|---------------------|-------|----------|----------|------------|--------------------|------------------|
|   | Line<br>Item<br># | Item | Unit Cost /<br>Rate | Basis | Quantity | Duration | Other Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| X | 1                 |      |                     |       |          |          |            |                    |                  |
| + |                   |      |                     |       |          | TOTAL    |            |                    |                  |





**8** 

An auto generated number.



#### Item:

List each item by type of expense. "Miscellaneous" and "contingency" expenses are NOT acceptable line items.

**80** | Page 6/1/2021



Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the NOFO. However, SAMHSA's grant funds may be used for light snacks, not to exceed \$3.00 per person.

Other sources of funds may be used for **unallowable costs** (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.



#### **Unit Cost/ Rate:**

Enter the Unit Cost or Rate for each item for the Basis shown.

#### **Basis:**



This field is for text only. Enter the Basis for the Unit Cost/ Rate, e.g., square feet, brochure, client/ participant, incentive, etc. or unit of time (such as hour, day, week, month, quarter, or year), or another Basis as applicable.



## Quantity:

Enter the number of items needed e.g., phones, brochures, clients/participants, incentives etc. that is appropriate for the Unit Cost/Rate and Basis.

You may enter a value in either Quantity or Duration, or both, if applicable.



#### **Duration:**

Enter the number of hours, days, weeks, months, quarters that is appropriate for the Unit Cost/ Rate and Basis.

You may enter a value in either Quantity or Duration, or both, if applicable.



#### **Other Cost:**



Contractual Other Cost = (Unit Cost or Rate) x Quantity x Duration.



#### FEDERAL REQUEST:

The FEDERAL REQUEST equals the amount in Other Cost.





#### **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the Other Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local

**81** | Page 6/1/2021



governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

(Enter TOTAL in SF-424A, Section B, line 6h, column 2)

#### Other Narrative



#### **Other Narrative**

Explain why each item or type of expense is necessary for the successful implementation and completion of the project.

If incentives are requested, adequately justify the need for incentives as required in the NOFO (see the Absence of Coercion section in Appendix D – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines).

If rent is requested as a direct charge (i.e., not already covered by the indirect cost rate), provide the following:

- 1. Signed copy of the current lease and floor plan (including common areas) that specifically identifies the owner of the space/facility.
- 2. Description of the relationship of the owner(s) of the space/facility to the applicant/recipient, if any, and an explanation of whether anyone related to the applicant/ recipient owns the building which is less than an "arms' length arrangement."
- 3. Methodology such as square footage (SF) or full-time equivalents (FTEs) used to allocate the rental cost to the project or activities and thereby determine SAMHSA's fair share of the rental cost if multiple programs are using the space.
- Completed Rent Questions Worksheet and supporting documentation: https://www.samhsa.gov/sites/default/files/rentquestionsworksheet.docx



## I. Total Direct Charges

#### I. Total Direct Charges

Direct charges/ costs are those costs that can be identified specifically with a final cost objective, such as a federal award. Typical costs charged **directly** to a grant project include the compensation of employees who work on that project, their related fringe benefit costs, the costs of materials and other items of expense incurred for the project.

Costs incurred for the same purpose in like circumstances must be treated consistently as either direct or indirect (Facilities and Administrative or F&A costs). Refer to the 45 CFR Part 75.413 – Direct costs and Part 75.405 – Allocable costs.

## Total Direct Charges Table

| TOTAL DIRECT CHARGES | TOTAL FEDERAL REQUEST | TOTAL NON-FEDERAL MATCH |
|----------------------|-----------------------|-------------------------|
|                      | \$0                   | \$0                     |

#### TOTAL FEDERAL REQUEST



This is an auto-calculated field showing the total of the FEDERAL REQUEST from the budget categories **A. Personnel** through **H. Other**.

(enter TOTAL in SF-424A, Section B, line 6i, column 1)



#### TOTAL NON-FEDERAL MATCH

This is an auto-calculated field showing the total of the NON-FEDERAL MATCH from the budget categories **A. Personnel** through **H. Other**.



(enter TOTAL in SF-424A, Section B, line 6i, column 2)

**83** | Page 6/1/2021



## J. Indirect Charges

#### J. Indirect Charges



Indirect charges/costs (IDC) or Facilities and Administration (F&A) are those costs incurred for common or joint objectives which cannot be readily identified with an individual project or program but are necessary for the operations of the organization.

IDC (F&A) is classified into two broad categories: "Facilities" and "Administration." "Facilities" is defined as depreciation on buildings, equipment and capital improvement, interest on debt associated with certain buildings, equipment and capital improvements, and operations and maintenance expenses. "Administration" is defined as general administration and general expenses such as the director's office, accounting, personnel, and all other types of expenditures not listed specifically under one of the subcategories of "Facilities."

For more guidance on IDC or F&A costs, refer to the 45 CFR Part 75.414 – Indirect (F&A) costs.

## Type of IDC Rate / Cost Allocation Plan

You must select from the drop down list below the type of IDC Rate or Cost Allocation Plan you will use to charge IDC to the grant.

## ?

#### Type of IDC Rate / Cost Allocation Plan

Indirect costs may be charged to the project if:

- a. The applicant/recipient has an approved federally negotiated IDC rate agreement.
- b. The applicant/ recipient has never had a federally negotiated IDC rate agreement and elects to charge a de minimis rate of 10% of modified total direct costs (MTDC) which can be used indefinitely for all awards until an IDC rate is approved.
- c. If the NOFO is for a training grant/ cooperative agreement, the IDC rate is limited to 8% of MTDC.
- d. If the applicant/ recipient has an approved Cost Allocation Plan or method of sharing the total IDC among related agencies/ organizations.

You must select from the drop-down list below the type of IDC Rate or Cost Allocation Plan you will use to charge IDC to the grant.



#### **Drop-Down List:**

- We will <u>not</u> charge IDC to the grant
- We elect to charge the de minimis rate of 10%
- We will apply the rate in our approved federally negotiated IDC rate agreement
- We will apply the training grant rate of 8%
- We will apply the rate in our Cost Allocation Plan





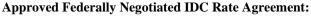
#### We will not charge IDC to the grant:

Select this option if you choose **not** to charge IDC to the grant.



#### De Minimis Rate of 10%:

The de minimis rate of 10% of the modified total direct costs (MTDC) is applicable only to those applicants/ recipients who have never had an approved federally negotiated IDC rate agreement.



This is applicable only to those applicants/ recipients with an approved federally negotiated IDC rate. Such applicants/ recipients should use their approved rate to charge IDC to the project and include a copy of their approved federally negotiated IDC rate agreement in effect at the beginning of the budget period.



#### **Training/Technical Assistance Rate of 8%:**

If the NOFO is for a training grant/ cooperative agreement, the indirect cost rate is limited to 8% of the modified total direct costs (MTDC).



#### **Cost Allocation Plan:**

This typically applies to state/county governments and county/city governments that share the total IDC among related agencies.

**85** | Page 6/1/2021



## J.1 We will not Charge IDC to the Grant

## Indirect Charges

| End Date of Effective Period of |                       | Calculation   | FEDERAL REQUEST |     | NON-<br>FEDERAL<br>MATCH |  |
|---------------------------------|-----------------------|---------------|-----------------|-----|--------------------------|--|
| Approved IDC Rate Agreement     | Approved IDC Rate (%) | Approved Base |                 |     |                          |  |
| N/A                             | 0.00%                 | \$0           | \$0             | \$0 | \$0                      |  |
| TOTAL                           |                       | \$0           | \$0             | \$0 |                          |  |

| ndirect Charges Narrative: |
|----------------------------|
|                            |

## J.1.2 Indirect Charges Narrative



## **Indirect Charges Narrative:**

Explain why you choose not to charge IDC to the project.



#### J.2 De Minimis Rate

De Minimis Rate Statement:

We have never received an approved federally negotiated IDC rate and we are electing to charge the de minimis rate of 10% of modified total direct costs (MTDC) until such time we have an approved federally negotiated IDC rate. We will use the de minimis rate consistently for all federal awards until we choose to negotiate for an IDC rate, which we may apply to do at any time.

#### Note that the MTDC base consists of:

- 1. All direct salaries and wages,
- 2. Applicable fringe benefits,
- 3. Materials and supplies,
- 4. Services,
- 5. Travel, and
- 6. Up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award).

#### The MTDC base must exclude:

- 1. Expenditures for equipment,
- 2. Capital expenditures,
- 3. Charges for patient care,
- 4. Rental costs,
- 5. Tuition reimbursement,
- 6. Scholarships and fellowships,
- 7. Participant support costs, and
- 8. The portion of each subaward in excess of \$25,000.

#### J.2.1 Indirect Charges

#### Indirect Charges

| Calculation         |           |     | FEDERAL | NON-             |
|---------------------|-----------|-----|---------|------------------|
| De Minimis Rate (%) | MTDC Base | IDC | REQUEST | FEDERAL<br>MATCH |
|                     |           | \$0 | \$0     |                  |
| TOTAL               |           | \$0 | \$0     |                  |

## Indirect Charges Narrative:

#### **Indirect Charges**

## Indirect Charges based on De Minimis Rate of 10 Percent:

The de minimis rate of 10% of the modified total direct costs (MTDC) is applicable only to those applicants/ recipients who have never had an approved federally negotiated IDC rate agreement.





#### **De Minimis Rate:**

Enter the de minimis rate of 10%.



#### MTDC Base:

Enter the total of the direct cost categories applicable to the MTDC base, which may include the following:

- 1. All direct salaries and wages,
- 2. Applicable fringe benefits,
- 3. Materials and supplies,
- 4. Services,
- 5. Travel, and
- 6. Up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award).

## The MTDC base must exclude:

- 1. Expenditures for equipment,
- 2. Capital expenditures,
- 3. Charges for patient care,
- 4. Rental costs,
- 5. Tuition reimbursement,
- 6. Scholarships and fellowships,
- 7. Participant support costs, and
- 8. The portion of each subaward in excess of \$25,000.



## IDC:

This is an auto-calculated field showing the IDC amount. The IDC is calculated by applying the de minimis rate to the MTDC base.

IDC = De Minimis Rate x MTDC Base.



#### **FEDERAL REQUEST:**

The FEDERAL REQUEST equals the amount in IDC.





#### **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.



In the IDC Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

(Enter TOTAL in SF-424A, Section B, line 6j, column 2)

## J.2.2 Indirect Charges Narrative



## **Indirect Charges Narrative**

Show how you determined the MTDC base, that is, list the categories and amounts of the direct costs to which the de minimis rate was applied.

Provide an explanation if you use a lower rate than the 10% de minimis rate.

**89** | Page 6/1/2021



## J.3 Approved Federally Negotiated IDC Rate Agreement

#### Indirect Charges

| End Date of Effective Period of |                       | Calculation   |     | FEDERAL | NON-             |
|---------------------------------|-----------------------|---------------|-----|---------|------------------|
| Approved IDC Rate Agreement     | Approved IDC Rate (%) | Approved Base | IDC | REQUEST | FEDERAL<br>MATCH |
|                                 |                       |               | \$0 | \$0     |                  |
| TOTAL                           |                       |               | \$0 | \$0     |                  |

| Indirect Charges Narrative: |  |
|-----------------------------|--|
|                             |  |

## J.3.1 Indirect Charges

#### **Indirect Charges**

## Indirect Charges based on Approved Federally Negotiated Rate Agreement:

This is applicable only to those applicants/ recipients with an approved federally negotiated IDC rate. Such applicants/ recipients should use their approved rate to charge IDC to the project and include a copy of their approved federally negotiated IDC rate agreement in effect at the beginning of the budget period.



## **End Date of Effective Period of Approved IDC Rate Agreement:**

Select from the calendar window the end date of the effective period for your approved federally negotiated IDC rate agreement or enter the date as MM/DD/YYYY.

In order to charge IDC to the project, your approved federally negotiated IDC rate agreement must be in effect at the beginning of the budget period unless one of the following applies:

- a. Your IDC rate agreement permits you to use a provisional rate for a fiscal year extending beyond the last permanent rate period.
- b. You are subject to the 45 CFR Part 75 Appendix III Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Institutions of Higher Education (IHEs). IHEs may use the negotiated rate in effect at the time of the initial award throughout the life of the project.

#### **Approved IDC Rate (%):**



Enter your approved IDC rate from your IDC rate agreement. Ensure the IDC rate entered is for the applicable location and for "non-research program/activity," or "other sponsored activities," or other activity applicable to the project.

Attach a copy of your approved federally negotiated IDC rate agreement in effect at the beginning of the budget period.



#### **Approved Base:**

Enter the total of all applicable direct cost categories. Review your approved IDC Rate Agreement to determine which direct cost categories should be included in your base.



Attach a copy of your approved federally negotiated IDC rate agreement in effect at the beginning of the budget period.



## IDC:

This is an auto-calculated field showing the IDC amount. The IDC is calculated by applying the current negotiated IDC rate to the approved base.

IDC = Approved IDC Rate x Approved Base.



#### FEDERAL REQUEST:

The FEDERAL REQUEST equals the IDC amount.





#### **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the IDC Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

(Enter TOTAL in SF-424A, Section B, line 6j, column 2)

#### J.3.2 Indirect Charges Narrative



#### **Indirect Charges Narrative**

Show how you determined the approved base, that is, list the categories and amounts of the direct costs to which the approved IDC rate was applied. Review your approved IDC rate agreement to determine which direct cost categories should be included in your base.

Provide an explanation if you use a lower rate than your approved IDC rate.

Include a copy of your approved federally negotiated IDC rate agreement in effect at the beginning of the budget period.

In order to charge IDC to the project, your approved federally negotiated IDC rate agreement must be in effect at the beginning of the budget period unless one of the following applies:

- a. Your IDC rate agreement permits you to use a provisional rate for a fiscal year extending beyond the last permanent rate period.
- b. You are subject to the 45 CFR Part 75 Appendix III Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Institutions of Higher Education (IHEs). IHEs may use the negotiated rate in effect at the time of the initial award throughout the life of the project.



#### J.4 Training Grant Rate of 8%

#### Indirect Charges

| Calculation             |           |     | FEDERAL | NON-             |
|-------------------------|-----------|-----|---------|------------------|
| Training Grant Rate (%) | MTDC Base | IDC | REQUEST | FEDERAL<br>MATCH |
|                         |           | \$0 | \$0     |                  |
| TOTAL                   |           | \$0 | \$0     |                  |

| Indirect Charges Narrative: |  |
|-----------------------------|--|
|                             |  |

## J.4.1 Indirect Charges



#### **Indirect Charges**

Indirect Charges based on Training Grant Rate of 8 Percent:

Indirect costs on training grants are limited to a fixed rate of 8% of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000 (refer to the 45 CFR Part 75.414(c)(1)(i) – Indirect (F&A) costs).

If your organization has an approved federally negotiated IDC rate, but the NOFO for your grant project indicates the training/technical assistance IDC rate of 8% of MTDC applies, you may charge IDC only at the training/technical assistance rate of 8% of MTDC.



## **Training Grant Rate:**

Enter the training grant rate of 8%.



#### MTDC Base:

Enter the total of the direct cost categories applicable to the MTDC base, which may include the following:

- 1. All direct salaries and wages,
- 2. Applicable fringe benefits,
- 3. Materials and supplies,
- 4. Services,
- 5. Travel, and
- 6. Up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award).

#### The MTDC base must exclude:

- 1. Expenditures for equipment,
- 2. Capital expenditures,
- 3. Charges for patient care,
- 4. Rental costs,
- 5. Tuition reimbursement,



- 6. Scholarships and fellowships,
- 7. Participant support costs, and
- 8. The portion of each subaward in excess of \$25,000.



#### IDC:

This is an auto-calculated field showing the IDC amount. The IDC is calculated by applying the training grant rate to the MTDC base.

IDC = Training Grant Rate x MTDC Base.



## FEDERAL REQUEST:

The FEDERAL REQUEST equals the amount in IDC.

(Enter TOTAL in SF-424A, Section B, line 6j, column 1)



#### **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the IDC Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

(Enter TOTAL in SF-424A, Section B, line 6j, column 2)

#### J.4.2 Indirect Charges Narrative



#### **Indirect Charges Narrative**

Show how you determined the MTDC base, that is, list the categories and amounts of the direct costs to which the training grant rate was applied.

Provide an explanation if you use a lower rate than the 8% training grant rate.



#### J.5 Cost Allocation Plan

#### Indirect Charges

|   | Line      |              | Calculation | FEDERAL | NON-    |                  |  |
|---|-----------|--------------|-------------|---------|---------|------------------|--|
|   | Item<br># | IDC Rate (%) | Base        | IDC     | REQUEST | FEDERAL<br>MATCH |  |
| X | 1         |              |             | \$0     | \$0     |                  |  |
| + |           |              | TOTAL       | \$0     | \$0     |                  |  |

| Line<br>Item<br># | Indirect Charges Narrative: |
|-------------------|-----------------------------|
| 1                 |                             |

#### J.5.1 Indirect Charges



#### **Indirect Charges**

A Cost Allocation Plan typically applies to state/county governments and county/city governments that share the total IDC among related agencies.



#### **IDC Rate** (%):

Enter the IDC rate. Attach a copy of the approval letter for your Cost Allocation Plan and/or provide a link to your Cost Allocation Plan if it is available online.



#### Base:

Enter the amount of the base, that is, the categories and amounts of the direct costs to which the IDC rate is applied.



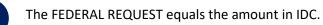
#### IDC:

This is an auto-calculated field showing the IDC amount. The IDC is calculated by applying the IDC rate to the base.

IDC = IDC Rate x Base.



## **FEDERAL REQUEST:**







#### **NON-FEDERAL MATCH:**

If matching is required by the NOFO, enter the amount of matching funds in NON-FEDERAL MATCH.

Note that the FEDERAL REQUEST will automatically decrease by the amount entered in NON-FEDERAL MATCH.

In the IDC Narrative section, indicate whether the matching funds are cash or in-kind contributions and identify the source(s) of the matching funds, that is, specify the name of the state and/or local



governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations providing the matching funds.

## (Enter TOTAL in SF-424A, Section B, line 6j, column 2)

J.5.2 Indirect Charges Narrative

## **Indirect Charges Narrative**



Show how you determined the base, that is, the categories and amounts of the direct costs to which the IDC rate was applied. Explain how you determined the IDC rate if it is not evident in your Cost Allocation Plan.

Provide an explanation if the IDC charged is less than the IDC allowed by your Cost Allocation Plan.

Attach a copy of the approval letter for your Cost Allocation Plan and/or provide a link to your Cost Allocation Plan if available online.





#### REVIEW OF COST SHARING AND MATCHING

#### **Cost Sharing and Matching**



Review the NOFO Section III-2 – Cost Sharing and Matching Requirements to confirm the match ratio you entered on page 1.

Matching funds or non-federal contributions may be in cash or in-kind contributions, fairly evaluated, including donated space, property, equipment, or services.

Matching funds (whether cash or in-kind) must meet the same test of allowability as the FEDERAL REQUEST in that the costs must be reasonable, allocable, and necessary for the accomplishment of the project objectives and allowable under the cost principles (45 CFR Part 75 Subpart E and Part 75.306 – Cost sharing or matching).

Sources of matching funds are state and local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations. In-kind contributions may include facilities, equipment, or services used in direct support of the project.

[if the option "Matching Required: NO" is selected on page 1]

Cost sharing or matching is not required for this grant.

[if the option "Matching Required: YES" is selected on page 1]

The table below compares the amount of matching funds (NON-FEDERAL MATCH) shown in the budget with the minimum required match calculated based on the match ratio entered on page 1.



Examples of calculations to determine the minimum NON-FEDERAL MATCH required for various match ratios:

"Matching funds must not be less than \$1 for each \$1 of federal funds provided."

If FED REQUEST is \$100,000, the minimum MATCH must be \$100,000 for a total project cost (FED REQ + MATCH) of \$200,000.

"Matching funds must not be less than \$1 for each \$3 of federal funds provided."

If FED REQUEST is \$100,000, the minimum MATCH must be \$33,333 or (\$100,000 / 3) for a total project cost (FED REQ + MATCH) of \$133,333.

"Matching funds must not be less than \$1 for each \$9 of federal funds provided."

If FED REQUEST is \$100,000, the minimum MATCH must be \$11,111 or (\$100,000 / 9) for a total project cost (FED REQ + MATCH) of \$111,111.

"Matching funds must not be less than \$15 for each \$85 of federal funds provided."

If FED REQUEST is \$100,000, the minimum MATCH must be \$17,647 or  $[($100,000 / 85) \times 15]$  for a total project cost (FED REQ + MATCH) of \$117,647.



| FEDERAL REQUEST (amount of federal funds requested in the budget) | NON-FEDERAL MATCH (your matching funds shown in the budget) | REQUIRED NON-FEDERAL MATCH<br>(minimum match required per the match<br>ratio on page 1) |
|---|---|---|
| \$0   | \$0   | \$0   |



## FEDERAL REQUEST:

This is an auto-calculated field showing the total amount of federal funds requested in the budget.



This is an auto-calculated field showing the total amount of matching funds entered in the budget. The amount shown in this field MUST be greater than or equal to the amount in the REQUIRED NON-FEDERAL MATCH.



#### **REQUIRED NON-FEDERAL MATCH:**

This field calculates the minimum match required based on the match ratio you entered in the Match Ratio Statement on page 1 and the TOTAL FEDERAL REQUEST.

REQUIRED NON-FEDERAL MATCH = TOTAL FEDERAL REQUEST / MATCH RATIO

If you did not meet the match requirement, you will see the following message:



The amount of matching funds in your budget does not meet the minimum match requirement based on the match ratio on page 1.

Review your matching funds in the budget categories A. Personnel through J. Indirect Charges and explain in the narrative section below whether you are unable to meet the match requirement.

| FEDERAL REQUEST (amount of federal funds requested in the budget) | NON-FEDERAL MATCH (your matching funds shown in the budget) | REQUIRED NON-FEDERAL MATCH<br>(minimum match required per the match<br>ratio on page 1) |
|---|---|---|
| \$9,900   | \$100   | \$9,900   |

The amount of matching funds in your budget does not meet the minimum match required based on the match ratio on page 1. Review your matching funds in the budget categories A. Personnel through J. Indirect Charges and explain in the narrative section whether you are unable to meet the match requirement.

| Cost Sharing and Matching Narrative: |  |
|--------------------------------------|--|
|                                      |  |



Cost Sharing and Matching Narrative



## **Cost Sharing and Matching Narrative**

Explain whether you are **unable** to meet the match requirement.

**Note:** Federal funding may be reduced if the applicant/recipient is unable to meet the minimum match requirement.

**98** | Page 6/1/2021



#### **BUDGET SUMMARY**

## **BUDGET SUMMARY: YEAR 1**

| BUDGET<br>CATEGORY                         | FEDERAL<br>REQUEST | NON-FEDERAL<br>MATCH |
|--|--------------------|----------------------|
| A. Personnel                               | \$0                | \$0                  |
| B. Fringe Benefits                         | \$0                | \$0                  |
| C. Travel                                  | \$0                | \$0                  |
| D. Equipment                               | \$0                | \$0                  |
| E. Supplies                                | \$0                | \$0                  |
| F. Contractual                             | \$0                | \$0                  |
| G. Construction (N/A)                      | \$0                | \$0                  |
| H. Other                                   | \$0                | \$0                  |
| I. Total Direct Charges<br>(sum of A to H) | \$0                | \$0                  |
| J. Indirect Charges                        | \$0                | \$0                  |
| Total Projects Costs (sum of I and J)      | \$0                | \$0                  |

## **BUDGET SUMMARY**



The Budget Summary table below is auto populated with the total amount of FEDERAL REQUEST and NON-FEDERAL MATCH for each budget category.

NON-FEDERAL MATCH data fields will not be visible if you selected Cost Sharing or Matching is NOT Required on page 1.



#### YEAR X

This is the Budget Year you selected on page 1..



#### **BUDGET CATEGORY:**

The object class category or category of expense.



## FEDERAL REQUEST:

The amount of federal funds requested in the budget.



#### **NON-FEDERAL MATCH:**

The amount of NON-FEDERAL MATCH shown in the budget.

**99** | Page 6/1/2021



#### A. Personnel



#### A. Personnel (FEDERAL REQUEST):

Enter this amount as the FEDERAL REQUEST for Personnel in SF-424A, Section B, line 6a, column 1.



#### A. Personnel (NON-FEDERAL MATCH):

Enter this amount as the NON-FEDERAL MATCH for Personnel in SF-424A, Section B, line 6a, column 2.

## B. Fringe Benefits



## **B. Fringe Benefits (FEDERAL REQUEST):**

Enter this amount as the FEDERAL REQUEST for Fringe Benefits in SF-424A, Section B, line 6b, column 1.



## **B. Fringe Benefits (NON-FEDERAL MATCH)**

Enter this amount as the NON-FEDERAL MATCH for Fringe Benefits in SF-424A, Section B, line 6b, column 2.

#### C. Travel



## C. Travel (FEDERAL REQUEST):

Enter this amount as the FEDERAL REQUEST for Travel in SF-424A, Section B, line 6c, column 1.



## C. Travel (NON-FEDERAL MATCH):

Enter this amount as the NON-FEDERAL MATCH for Travel in SF-424A, Section B, line 6c, column 2.

## D. Equipment



#### **D. Equipment (FEDERAL REQUEST):**

Enter this amount as the FEDERAL REQUEST for Equipment in SF-424A, Section B, line 6d, column 1.



#### **D. Equipment (NON-FEDERAL MATCH):**

Enter this amount as the NON-FEDERAL MATCH for Equipment in SF-424A, Section B, line 6d, column 2.



#### E. Supplies



## **E. Supplies (FEDERAL REQUEST):**

Enter this amount as the FEDERAL REQUEST for Supplies in SF-424A, Section B, line 6e, column 1.



## **E. Supplies (NON-FEDERAL MATCH):**

Enter this amount as the NON-FEDERAL MATCH for Supplies in SF-424A, Section B, line 6e, column 2.

#### F. Contractual



#### F. Contractual (FEDERAL REQUEST):

Enter this amount as the FEDERAL REQUEST for Contractual in SF-424A, Section B, line 6f, column 1.



#### F. Contractual (NON-FEDERAL MATCH):

Enter this amount as the NON-FEDERAL MATCH for Contractual in SF-424A, Section B, line 6f, column 2.

## H. Other



## H. Other (FEDERAL REQUEST):

Enter this amount as the FEDERAL REQUEST for Other in the SF-424A, Section B, line 6h, column 1.



#### H. Other (NON-FEDERAL MATCH):

Enter this amount as the NON-FEDERAL MATCH for Other in SF-424A, Section B, line 6h, column 2.

## I. Total Direct Charges



## I. Total Direct Charges

This is the sum of the totals from budget categories A. Personnel through H. Other







#### I. Total Direct Charges (FEDERAL REQUEST):

Enter this amount as the FEDERAL REQUEST for Total Direct Charges in SF-424A, Section B, line 6i, column 1.





#### I. Total Direct Charges (NON-FEDERAL MATCH):

Enter this amount as the NON-FEDERAL MATCH for Total Direct Charges in SF-424A, Section B, line 6i, column 2.

## J. Indirect Charges



## J. Indirect Charges (FEDERAL REQUEST):

Enter this amount as the FEDERAL REQUEST for Indirect Charges in SF-424A, Section B, line 6j, column 1.





## J. Indirect Charges (NON-FEDERAL MATCH):

Enter this amount as the NON-FEDERAL MATCH for Indirect Charges in SF-424A, Section B, line 6j, column 2.

## K. Total Project Costs



#### K. Total Project Costs

This is the sum of I. Total Direct Charges and J. Indirect Charges



## **K. Total Project Costs (FEDERAL REQUEST):**

Enter this amount as the FEDERAL REQUEST for TOTALS in SF-424A, Section B, line 6k, column 1.



## K. Total Project Costs (NON-FEDERAL MATCH):

Enter this amount as the NON-FEDERAL MATCH for TOTALS in SF-424A, Section B, line 6k, column 2.

**102** | Page 6/1/2021



## BUDGET SUMMARY FOR REQUESTED FUTURE YEARS

|   | Year 2             |                      | Year 3             |                      | Year 4             |                      | Year 5             |                      |  |
|---|--------------------|----------------------|--------------------|----------------------|--------------------|----------------------|--------------------|----------------------|--|
| Budget Category                         | FEDERAL<br>REQUEST | NON-FEDERAL<br>MATCH | FEDERAL<br>REQUEST | NON-FEDERAL<br>MATCH | FEDERAL<br>REQUEST | NON-FEDERAL<br>MATCH | FEDERAL<br>REQUEST | NON-FEDERAL<br>MATCH |  |
| A. Personnel                            |                    |                      |                    |                      |                    |                      |                    |                      |  |
| B. Fringe Benefits                      |                    |                      |                    |                      |                    |                      |                    |                      |  |
| C. Travel                               |                    |                      |                    |                      |                    |                      |                    |                      |  |
| D. Equipment                            |                    |                      |                    |                      |                    |                      |                    |                      |  |
| E. Supplies                             |                    |                      |                    |                      |                    |                      |                    |                      |  |
| F. Contractual                          |                    |                      |                    |                      |                    |                      |                    |                      |  |
| G. Construction                         | \$0                | \$0                  | \$0                | \$0                  | \$0                | \$0                  | \$0                | \$0                  |  |
| H. Other                                |                    |                      |                    |                      |                    |                      |                    |                      |  |
| I. Total Direct<br>Charges (sum A to H) | \$0                | \$0                  | \$0                | \$0                  | \$0                | \$0                  | \$0                | \$0                  |  |
| J. Indirect Charges                     |                    |                      |                    |                      |                    |                      |                    |                      |  |
| Total Project Costs (sum of I and J)    | \$0                | \$0                  | \$0                | \$0                  | \$0                | \$0                  | \$0                | \$0                  |  |

| Budget Summary Narrative: |  |  |
|---------------------------|--|--|
|                           |  |  |



## BUDGET SUMMARY FOR REQUESTED FUTURE YEARS

Enter the total amount of FEDERAL REQUEST and if applicable, NON-FEDERAL MATCH, by budget category for each future budget year.

[if Budget Year 5 is selected]

There are no future years for this grant

**Budget Summary Narrative** 



## **Budget Summary Narrative**

- 1. Justify and explain any changes to the budget requested for future years that differ from the amounts reported in **BUDGET SUMMARY**.
- 2. If a cost-of-living adjustment (COLA) is included in future years, provide a copy of your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.



## FUNDING LIMITATIONS/RESTRICTIONS



#### **Funding Limitations/Restrictions**

Review Section IV-3 of the NOFO to determine whether there are any funding limitations or restrictions for the project. If there are limitations, include a NARRATIVE and SEPARATE BUDGET for each year of the grant that shows the percent of the total grant award that will be used in the area where there is a limitation. For example, most NOFOs include funding limitations for data collection, performance measurement, and performance assessment.

NOFO Section IV-3: Funding Limitations/Restrictions

Ensure you identify the expenses related to each funding limitation/restriction in your proposed budget.

Note: If after entering amounts in the table(s) below, you change the budget year on page 1 to remove future years, remember to delete any amounts entered in those future years to ensure they are not included in the Total for the Budget Category.

| + Add Table X Remove T | able         |  |      |      |      |   |                  |
|------------------------|--------------|--|------|------|------|---|------------------|
| Funding Limitation     | /Restriction |  |      |      |      |   |                  |
|                        |              |  |      |      |      |   |                  |
|                        |              |  |      |      |      |   |                  |
|                        |              |  |      |      |      |   |                  |
|                        |              |  | <br> | <br> | <br> | _ | Total for Budget |

|   | Year | 1 | Year | 2 | Year | 3 | Year | 4 | Year | 5 | Category |
|---|------|---|------|---|------|---|------|---|------|---|----------|
| A. Personnel                            |      |   |      |   |      |   |      |   |      |   |          |
| B. Fringe Benefits                      |      |   |      |   |      |   |      |   |      |   |          |
| C. Travel                               |      |   |      |   |      |   |      |   |      |   |          |
| D. Equipment                            |      |   |      |   |      |   |      |   |      |   |          |
| E. Supplies                             |      |   |      |   |      |   |      |   |      |   |          |
| F. Contractual                          |      |   |      |   |      |   |      |   |      |   |          |
| H. Other                                |      |   |      |   |      |   |      |   |      |   |          |
| I. Total Direct<br>Charges (sum A to H) |      |   |      |   |      |   |      |   |      |   |          |
| J. Indirect Charges                     |      |   |      |   |      |   |      |   |      |   |          |
| TOTAL for the<br>Budget Year            |      |   |      |   |      |   |      |   |      |   |          |
| Percentage of the<br>Budget             |      |   |      |   |      |   |      |   |      |   |          |

| Funding Limitation/Restriction Narrative: |  |
|---|--|
|   |  |



## Percentage of the Budget

This is an auto-calculated field showing the Percentage of the Budget that will be used in the area where there is a limitation.

**104** | Page 6/1/2021



Percentage of the Budget = (TOTAL for the Budget Year / TOTAL PROJECT COSTS FROM BUDGET SUMMARY (FEDERAL REQUEST) from the corresponding budget year) x 100%

Funding Limitation/Restriction Narrative



#### **Funding Limitation/Restriction Narrative**

For each year of the grant, explain whether the percent of the total grant award that will be used in the area where there is a limitation meets the NOFO requirement.

Ensure you identify the expenses related to each funding limitation/restriction in your proposed budget.

## For SAMHSA to view ALL budget data, you must PRINT TO PDF before submission



If you do not **PRINT TO PDF**, eRA may corrupt part of your submission. Most often this leads to Contract Details disappearing completely, but other issues have also come up.

We are working on finding solutions to this, but until this issue is resolved you MUST **PRINT TO PDF** before submission!



## Frequently Asked Questions



## Why do we need to Print to PDF before submitting to SAMHSA?

When you Print to PDF, you remove all dynamic features and make your budget non-editable. This not only reduces the size of the PDF but also ensures that the eRA system cannot corrupt it. We are currently working on an issue where eRA sometimes corrupts the data in the dynamic PDF but are unsure when this issue will be fixed. Print to PDF is therefore the best way to send it to us as it avoids this issue all together.

Where can I find information on Funding Limitations? Key Personnel requirements? Matching requirements?

All this information can be found in the NOFO for your grant. To find the NOFO, go to the NOFO archive (<a href="https://www.samhsa.gov/grants/archive">https://www.samhsa.gov/grants/archive</a>) click on the link to the Fiscal Year when you applied for the grant, and click on one of the links in the table at the bottom of the page. You will find a summary of the NOFO as well as links to the full NOFO.

What is the difference between the Quantity and Duration fields in the Supplies and Other budget categories?

You have the option of using either quantity, duration or both when calculating the amount of a given item. For instance, if you need 25 of a particular item, fill in the Quantity field. If you need one of a particular item every month, fill the Duration field with 12 (one for each month in a year). If you need 10 of the particular item every quarter, fill the Quantity field with 10 and the Duration field with 4.

I am having technical issues with the budget template. Who should I contact to get help? Contact the Grants Management Specialist assigned to your grant. They will be able to provide some basic technical assistance and, if necessary, can reach out to the development team for further

assistance.

#### Are we required to use this budget template?

Although we strongly recommend using the template, we do not require it. Please note, however, that not using the recommended format creates additional work for the Grants Management Specialists reviewing your budget, thus increasing processing times.

## How do I have in-kind costs when my grant doesn't require matching?

If you select Yes for Matching Required and leave the match ratio blank, you can use the Non-Federal Match columns to represent in-kind costs.

After adding all costs and calculating Indirect Costs, I am over budget. How can I fix this? First, determine how much your current budget exceeds what you are permitted.

If you already have selected Yes for Matching Required, put the amount your budget is over by into the Non-Federal Match for your indirect costs (or other items as you see fit).

If your grant doesn't require matching, select Yes for Matching Required and leave the match ratio blank. You can then use the Non-Federal Match columns to represent in-kind costs and put the amount your budget is over by into the Non-Federal Match for indirect costs (or other items as you see fit).



Why is there both a Fringe Rate and a Lump Sum field in the Fringe Benefits table?

The Fixed/Lump Sum Fringe is meant for those situations where fringe is applied based on a fixed amount instead of a percentage of the salary charged to the project. For example:

- if you provide each full-time employee w/ a fixed \$2,500 annual Health Insurance contribution, then for an employee whose annual salary is \$50,000 but only \$42,923 is charged to the project, the Fixed/Lump Sum Fringe for that employee would be (\$42,923/\$50,000) x \$2,500 = \$2,147. You'll have to explain in the Fringe Narrative Section that your calculation of the \$2,147 in Fixed/Lump Sum fringe for that employee is based on a health insurance contribution of \$2,500 annually per FTE.
- if you provide each full-time employee w/ a fixed \$3,000 annual retirement contribution, then for an employee whose annual salary is \$50,000 but only \$42,923 is charged to the project, the Fixed/Lump Sum Fringe for that employee would be (\$42,923/\$50,000) x \$1,200 = \$1,030. You'll have to explain in the Fringe Narrative Section that your calculation of the \$1,030 in Fixed/Lump Sum fringe for that employee is based on a retirement contribution of \$1,200 annually per FTE. You would enter \$3,177 (\$2,147 + \$1,030) as the Fixed/Lump Sum fringe for that employee.

You could also use a combination of fringe rate percentages and Fixed/Lump Sum fringe.

I tried to open the budget template, but all I see is a warning message saying "Please wait... If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document". What does this mean? How do I fix it?

This means that you are trying to open the budget template in an application that does not understand how to open a PDF with the advanced features in the budget template. If you do not already have Adobe Acrobat Reader, go to <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a> and download the free Adobe Acrobat Reader. Once you have Acrobat Reader installed, go to File > Open and select the budget template PDF. When you open it in Adobe Acrobat, you get access to all the advanced features in the budget template.



# References



# Official Regulations and Guidance

45 CFR 75 -UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS: <a href="https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75">https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75</a>

# Notice of Funding Opportunities

List of NOFOs by Fiscal Year: <a href="https://www.samhsa.gov/grants/archive">https://www.samhsa.gov/grants/archive</a>

- NOFOs for FY 2021: <a href="https://www.samhsa.gov/grants/grant-announcements-2021">https://www.samhsa.gov/grants/grant-announcements-2021</a>
- NOFOs for FY 2020: https://www.samhsa.gov/grants/grant-announcements-2020
- NOFOs for FY 2019: <a href="https://www.samhsa.gov/grants/grant-announcements-2019">https://www.samhsa.gov/grants/grant-announcements-2019</a>
- NOFOs for FY 2018: <a href="https://www.samhsa.gov/grants/grant-announcements-2018">https://www.samhsa.gov/grants/grant-announcements-2018</a>
- NOFOs for FY 2017: https://www.samhsa.gov/grants/grant-announcements-2017
- NOFOs for FY 2016: https://www.samhsa.gov/grants/grant-announcements-2016



# Sample Budgets

**111 |** Page 6/1/2021



# Non-Match

|   |                       | SAMHSA  | Detail                            | ed Bu                         | dget ar        | nd Narra | ative Jus                 | stificatio                    | n                 |                    |           |
|---|-----------------------|---|-----------------------------------|-------------------------------|----------------|----------|---------------------------|-------------------------------|-------------------|--------------------|-----------|
| Applicant/Recipient<br>Substance Abuse and              | d Mental I            | Health Organizat                                  | tion Inc                          | D.                            |                |          |                           |                               |                   | cation/Award       | Number    |
| Project Title:  |                       | Reducing the I                                    |                                   |                               | ostance        | Abuse a  | and Ment                  | al Illnes                     |                   |                    |           |
|   |                       |   |                                   |                               |                |          |                           |                               |                   |                    |           |
| Dudant Daria  | -1-                   |   | rt Date                           |                               |                |          | End Dat                   |                               |                   | Budget Ye          | ear       |
| Budget Perio  | a:                    | 09/3  | 0/2020                            | )                             |                |          | 09/29/202                 | 21                            |                   | 1                  | 5         |
| COST SHARING  Matching Required:                        |                       | ATCHING   | ⊠ N                               | 0                             |                |          |                           |                               |                   | JIPO SE            |           |
| . Personnel   |                       |   |                                   |                               |                |          |                           |                               | 8,                |                    |           |
| Line Item # Position                                    |                       | Name  | Key<br>Position<br>per the<br>FOA | Check<br>if<br>Hourly<br>Rate | Hourly<br>Rate | Hours    | Calculation Annual Salary | % Level<br>of Effort<br>(LOE) | Personnel<br>Cost | FEDERAL<br>REQUEST |           |
| Project Director  | Alice E               | loe   |                                   |                               |                |          | \$64,890                  | 10.00%                        | \$6,489           | \$6,489            |           |
| 2 Program Coordinate                                    |                       | t, to be hired within<br>s of anticipated<br>date |                                   |                               |                |          | \$46,276                  | 100.00%                       | \$46,276          | \$46,276           |           |
|   |                       |   |                                   |                               |                | OX       |                           | TOTAL                         | \$52,765          | \$52,765           |           |
| Personnel Na  | rrative:              |   |                                   |                               | .0             |          |                           |                               |                   |                    |           |
| The Project Dire  | ctor will p           | rovide daily ove                                  |                                   |                               |                |          |                           |                               |                   |                    | mentation |
| of the project ac<br>The Program Co<br>dissemination.   |                       | will coordinate                                   |                                   | _                             |                |          |                           |                               |                   |                    | ormation  |
| Show In-Kind P  | ersonnel <sup>-</sup> | Гable   | -                                 |                               |                |          |                           |                               |                   |                    |           |
| In-Kind Personnel                                       |                       | 0,0   |                                   |                               |                |          |                           |                               |                   |                    |           |
| Line Item # Position                                    | è                     | Name  | Key<br>Position<br>per the<br>FOA | Check<br>if<br>Hourly<br>Rate | Hourly<br>Rate | Hours    | Annual<br>Salary          | % Level<br>of Effort<br>(LOE) |                   |                    |           |
| Clinical Director                                       | Alice D               | oe oe   |                                   |                               |                |          | \$85,000                  | 20.00%                        |                   |                    |           |
| Line  | <u> </u>              |   |                                   |                               |                |          |                           |                               |                   |                    |           |
| In-Kind Person  The Clinical Direction health risk, and | ector will c          | rganize support                                   | for ou                            | tpatier                       | nt prima       | y care s | creening                  | , monito                      | oring of key      | health indicat     | ors and   |
| 2(1)  |                       |   |                                   |                               |                |          |                           |                               |                   |                    |           |
| S. Fringe Benefit Our organization's                    |                       | efits consist of th                               | ne com                            | nponer                        | nts show       | n below  | <i>י</i> :                |                               |                   |                    |           |
| Fringe Components                                       | ;                     |   |                                   |                               | Rate (%        | 6)       |                           |                               |                   |                    |           |
| Retirement  |                       |   |                                   |                               | 10.00          | -        |                           |                               |                   |                    |           |

v1.2 Page 1 of 11 02/2021



| FICA              | 7.65%  |
|-------------------|--------|
| Insurance         | 6.00%  |
| Social Security   | 6.00%  |
| Total Fringe Rate | 29.65% |

### Fringe Benefits Cost

| Line<br>Item<br># |                  | Name   | Personnel<br>Cost | Total<br>Fringe<br>Rate (%) | Fixed / Lump<br>Sum Fringe<br>(if any) | Fringe<br>Benefits<br>Cost | FEDERAL<br>REQUEST |
|-------------------|------------------|--|-------------------|-----------------------------|--|----------------------------|--------------------|
| 1                 | Project Director | Alice Doe  | \$6,489           | 29.65%                      |  | \$1,924                    | \$1,924            |
| 2                 | 0                | Vacant, to be hired within 60 days of anticipated award date | \$46,276          | 29.65%                      |  | \$13,721                   | \$13,721           |
|                   |                  |  |                   |                             | TOTAL                                  | \$15,645                   | \$15,645           |

# Fringe Benefits Narrative:

The fringe benefit rate for full-time employees for years 1 and 2 is calculated at 29.65%. For years 3, 4, and 5, it is anticipated to increase to 30.55%.

### C. Travel

|           |                                  |                                   |       |                         | Cald                       | culation   |                           |                         |                |                    |
|-----------|----------------------------------|-----------------------------------|-------|-------------------------|----------------------------|------------|---------------------------|-------------------------|----------------|--------------------|
| Trip<br># | Purpose                          | Destination                       |       | Item                    | Cost /<br>Rate per<br>Item | Basis      | Quantity<br>per<br>Person | Number<br>of<br>Persons | Travel<br>Cost | FEDERAL<br>REQUEST |
|           | Substance Abuse and Mental Heath | Chicago, IL to<br>Washington D.C. | Hote  | rel/Lodging             | \$180.00                   | Night      | 2.00                      | 2                       | \$720          |                    |
| 1         | National<br>Conference           | Vvasimigton B.e.                  | Per   | Diems (M&IE only)       | \$46.00                    | Day        | 2.00                      | 2                       | \$184          | \$1,304            |
| '         |                                  |                                   | Airfa | are                     | \$200.00                   | Round Trip | 1.00                      | 2                       | \$400          | Ψ1,304             |
|           |                                  |                                   | 2     | ,                       |                            |            |                           |                         |                |                    |
| 2         | Local Travel                     | various                           | Loca  | al Travel (POV Mileage) | \$0.50                     | Mile       | 1,500.00                  | 2                       | \$1,500        | \$1,500            |
| -         |                                  | × ′ ′                             |       |                         |                            |            |                           |                         |                | \$1,500            |
|           |                                  | 200                               |       |                         |                            |            | ٦                         | TOTAL                   | \$2,804        | \$2,804            |

# Travel Narrative:

Two staff (Project Director and Program Coordinator) will attend the annual National Conference on Substance Abuse and Mental Health scheduled to be held in Washington, D.C., from June 14-15, 2021.

# D. Equipment

| ine<br>tem<br># |     | Quantity | Purchase or<br>Rental/Lease<br>Cost | Percent<br>Charged to the<br>Project | Equipment<br>Cost | FEDERAL<br>REQUEST |
|-----------------|-----|----------|-------------------------------------|--------------------------------------|-------------------|--------------------|
| 1               | N/A |          |                                     |                                      | \$0               | \$0                |

v1.2 Page 2 of 11 02/2021

Local travel is needed for staff to attend local meetings and training events, and conduct project activities in the geographic catchment area. Privately-owned vehicle (POV) mileage reimbursement rate is based on the organization's policies.



|                   |          | Calcu                               | lation                               |                   |                    |
|-------------------|----------|-------------------------------------|--------------------------------------|-------------------|--------------------|
| Line<br>Item<br># | Quantity | Purchase or<br>Rental/Lease<br>Cost | Percent<br>Charged to the<br>Project | Equipment<br>Cost | FEDERAL<br>REQUEST |
|                   |          |                                     | TOTAL                                | \$0               | \$0                |

| Line | Faurinment Newstine  |    | . (           | 1 | ď |
|------|----------------------|----|---------------|---|---|
| #    | Equipment Narrative: | (  | $\mathcal{L}$ |   |   |
| 1    | N/A                  | Co |               |   |   |

# E. Supplies

|                   |                   |           | C             | alculation |          |                  |                    |
|-------------------|-------------------|-----------|---------------|------------|----------|------------------|--------------------|
| Line<br>Item<br># |                   | Unit Cost | Basis         | Quantity   | Duration | Supplies<br>Cost | FEDERAL<br>REQUEST |
| 1                 | Project supplies  | \$50.00   | per month     |            | 12.00    | \$600            | \$600              |
| 2                 | Laptop            | \$900.00  | per laptop    | 1.00       | X        | \$900            | \$900              |
| 3                 | Printer           | \$300.00  | per printer   | 1.00       | 11.0     | \$300            | \$300              |
| 4                 | Printing supplies | \$37.00   | per month     |            | 12.00    | \$444            | \$444              |
| 5                 | Projector         | \$900.00  | per projector | 1.00       |          | \$900            | \$900              |
| 6                 | Copies            | \$0.10    | per copy      | 8,000.00   |          | \$800            | \$800              |
|                   |                   |           | . 6           | ~          | TOTAL    | \$3,944          | \$3,944            |

| Line<br>Item<br># | Supplies Narrative:   |
|-------------------|---|
| 1                 | Project supplies (stationary, pens, pencils, highlighters, computer supplies etc.) are needed for organization staff to perform daily project activities. |
| 2                 | The laptop is needed for presentations by the Project Director. Cost was based on retail value at the time the application was written.                   |
| 3                 | The printer is needed to print presentations and other project documents. Cost was based on retail value at the time the application was written.         |
| 4                 | Printing supplies is needed for organization staff to print presentations and other project documents.  |
| 5                 | The projector is needed for presentations and workshops. Cost was based on retail value at the time the application was written.                          |
| 6                 | Copies are needed for project activities including presentations, workshops, and training events.   |

# F. Contractual

# **Summary of Contractual Costs**

| Contract<br># | Name of Organization or<br>Consultant | Summary of Services & Deliverables Provided  | Contractual<br>Cost | FEDERAL<br>REQUEST |
|---------------|---------------------------------------|--|---------------------|--------------------|
| 1             | Certified Trainers Inc.               | Provide recovery and wellness training to three (3) organization staff.  | \$750               | \$750              |
| 2             | Client Treatment Services Inc.        | Client Treatment Services Inc. will provide client treatment services to 1,000 clients each year.  | \$27,000            | \$27,000           |
| 3             | John Smith (Case Manager)             | The Case Management will be responsible for working closely with Client Treatment Services Inc. to coordinate and organize client treatment services and planning. | \$46,944            | \$46,944           |

v1.2 Page 3 of 11 02/2021

**114** | Page 6/1/2021



| Contract<br># | Name of Organization or<br>Consultant      | Summary of Services & Deliverables Provided  | Contractual<br>Cost | FEDERAL<br>REQUEST |
|---------------|--|--|---------------------|--------------------|
| 4             | Jane Smith (Evaluator)                     | The Evaluator will be responsible for all data collection and reporting required under the Funding Opportunity Announcement (FOA). | \$9,732             | \$9,732            |
| 5             | To Be Announced (Marketing<br>Coordinator) | The Marketing Coordinator will provide public education<br>and outreach support to ensure we meet our client<br>enrollment goals.  | \$3,000             | \$3,000            |
|               |  | TOTAL  | \$87,426            | \$87,426           |

| Contract<br># | Contractual Summary Narrative:   |
|---------------|--|
| 1             | Certified trainers are necessary to provide staff with recovery and wellness training so they can be equipped to educate the community on mental health recovery and wellness and implement the activities required by the FOA. The contract with Certified Trainers Inc. was procured via micro-purchase with a period of performance identical to the budget period 9/30/2020 to 09/29/2021.   |
| 2             | We issued a subaward to Client Treatment Services Inc. for comprehensive client-centered treatment services and planning. This subaward was procured via small purchase with a period of performance identical to the budget period 9/30/2020 to 09/29/2021. We obtained competitive prices from an adequate number of qualified sources to ensure competition. Refer to the attached summary of services and deliverables for Client Treatment Services Inc.  |
| 3             | The Case Manager, John Smith, is vital to coordinating and organizing comprehensive client treatment services and planning related to the program and leading to successful outcomes. The Case Manager is a consultant whose services were obtained via small purchase procurement with a period of performance identical to the budget period 9/30/2020 to 09/29/2021. Refer to the attached summary of services and deliverables for the Case Manager.   |
| 4             | The Evaluator, Jane Smith, is an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will be responsible for all data collection and reporting as required by the FOA. The Evaluator is a consultant whose services were obtained via micro-purchase procurement with a period of performance identical to the budget period 9/30/2020 to 09/29/2021. Refer to the attached summary of services and deliverables for the Evaluator.   |
| 5             | The Marketing Coordinator is key to meeting our goal of enrolling 1,000 clients into our program each year. The Marketing Coordinator will develop a plan for community education and outreach efforts to engage clients in the community about activities and services; and provide presentations at community meetings and events to stakeholders, community civic organizations, churches, agencies, family groups and schools. The Marketing Coordinator will be a consultant whose services will be obtained via micro-purchase procurement with a period of performance to end 09/29/2021. Refer to the attached summary of services and deliverables for the Marketing Coordinator. |

|                                  | 1,0                |  |  |
|----------------------------------|--------------------|--|--|
| Contractual Details for Certif   | ied Trainers Inc.  |  |  |
| Personnel                        |                    |  |  |
| Fringe Benefits                  |                    |  |  |
| Travel                           |                    |  |  |
| Supplies                         |                    |  |  |
| <b>⊠</b> Other                   |                    |  |  |
| Indirect Charges                 |                    |  |  |
| Contractual Other Costs for Cort | ified Trainers Inc |  |  |

| Г | 0            |  |                     | 0         | alculation |          |            |         |
|---|--------------|--|---------------------|-----------|------------|----------|------------|---------|
|   | Line<br>Item | )*<br>   |                     |           | aiculation |          |            | FEDERAL |
|   | Item<br>#    | ltem   | Unit Cost /<br>Rate | Basis     | Quantity   | Duration | Other Cost | REQUEST |
|   | 1            | Five-Day Training Session for 3 organization staff | \$250.00            | per staff | 3.00       |          | \$750      | \$750   |
|   |              |  |                     |           |            | TOTAL    | \$750      | \$750   |

v1.2 Page 4 of 11 02/2021



# SAMHSA Detailed Budget and Narrative Justification

| Line<br>Item<br>#   |   | Narrative:<br>e necessary to provide<br>ery and implement th        |                                   |                                 |                |         |           | ining so  | they can ed                      | ucate the com      | munity on |
|---|---|---|-----------------------------------|---------------------------------|----------------|---------|-----------|-----------|----------------------------------|--------------------|-----------|
| on  | tractual Details fo   | or Client Treatmen  | t Servi                           | ices                            | Inc.           |         |           |           |                                  |                    |           |
| ☐F<br>☐T<br>☐S  | ersonnel<br>iringe Benefits<br>iravel<br>supplies<br>other<br>ndirect Charges |   |                                   |                                 |                |         |           |           | ار ک                             | JiPO58             | 90,       |
| Cor   | ntractual Other Cost  | s for Client Treatmen   | Service                           | es Inc                          | ).             |         |           |           | 0,,                              |                    |           |
| Line<br>Item<br>#   |   | ltem  |                                   | Cost /                          | Basi           |         | Quantity  | Duration  | Contractual<br>Other Cost        | FEDERAL<br>REQUEST |           |
| 1   | Client Treatment Service  | es  | :                                 | \$27.00                         | /client per    | year    | 1,000.00  | 2         | \$27,000                         | \$27,000           |           |
|   |   |   |                                   |                                 | 1              |         | 111       | TOTAL     | \$27,000                         | \$27,000           |           |
|   |   | or John Smith (Ca   | se Mar                            | nager                           | -)             |         |           |           |                                  |                    |           |
| ∏<br>∏π<br>∏s   | Personnel Fringe Benefits Fravel Frapplies Other Indirect Charges             | Tot Osti  | 5                                 |                                 |                |         |           |           |                                  |                    |           |
| Contractual Personnel Costs for John Smith (Case Manager)  Calculation  Calculation |   |   |                                   |                                 |                |         |           |           |                                  |                    |           |
| Line<br>Item<br>#   | Position  | Name  | Key<br>Position<br>per the<br>FOA | Check<br>if<br>Annual<br>Salary | Hourly<br>Rate | Hour    | Annual    | 0/. Level | Contractual<br>Personnel<br>Cost | FEDERAL<br>REQUEST |           |
| 1   | Case Manager  | John Smith  |                                   | $\boxtimes$                     |                |         | \$27,00   | 0 100.00% | \$27,000                         | \$27,000           |           |
| 3   | <i>)</i> '  |   |                                   |                                 |                |         |           | TOTAL     | \$27,000                         | \$27,000           |           |
| Line<br>Item<br>#   |   | nel Narrative:<br>is vital to organizing a<br>uccess of the program |                                   | rdinat                          | ing clien      | t treat | tment and | related t | reatment pl                      | anning service     | es        |

v1.2 Page 5 of 11 02/2021



Contractual Fringe Benefits Costs for John Smith (Case Manager)

Contractual fringe benefits consist of the components shown below:

| Fringe Components                       | Rate (%) |
|---|----------|
| Accidental and Health Insurance Benefit | 25.00%   |
| Total Fringe Rate                       | 25.00%   |

# Contractual Fringe Benefits Costs

|      |              |            |             | Calc     | ulation       |               | 0       |
|------|--------------|------------|-------------|----------|---------------|---------------|---------|
| Line |              | Name       | Contractual | Total    | Fixed /       | Contractual   | FEDERAL |
| #    | 1 OSILIOTI   | INAME      | Personnel   | Fringe   | Lump Sum      | Fringe        | REQUEST |
|      |              |            | Cost        | Rate (%) | Cost (if any) | Benefits Cost |         |
| 1    | Case Manager | John Smith | \$27,000    | 25.00%   |               | \$6,750       | \$6,750 |
|      |              |            |             |          | TOTAL         | \$6,750       | \$6,750 |

Contractual Fringe Benefits Narrative:

N/A

### Contractual Travel Costs for John Smith (Case Manager)

|           |  |                |   |                            | Cal                        | culation   |                           |                         |                         |                    |
|-----------|--|----------------|---|----------------------------|----------------------------|------------|---------------------------|-------------------------|-------------------------|--------------------|
| Trip<br># | Purpose                                    | Destination    |   | Item                       | Cost /<br>Rate per<br>Item | Basis      | Quantity<br>per<br>Person | Number<br>of<br>Persons | Contract<br>Travel Cost | FEDERAL<br>REQUEST |
|           |  | Chicago, IL to |   | Hotel/Lodging              | \$180.00                   | Night      | 2.00                      | 1                       | \$360                   |                    |
| 4         | and Mental Heath<br>National<br>Conference | Washington, DC |   | Per Diems (M&IE only)      | \$46.00                    | Day        | 2.00                      | 1                       | \$92                    | \$652              |
| '         | 00,110101100                               |                |   | Airfare                    | \$200.00                   | Round Trip | 1.00                      | 1                       | \$200                   | ф002               |
|           |  |                |   |                            |                            |            |                           |                         |                         |                    |
| 2         | Local Travel                               | various        |   | Local Travel (POV Mileage) | \$0.54                     | Mile       | 3,126.00                  | 1                       | \$1,688                 | \$1,688            |
| 2         |  |                | C | 7                          |                            |            |                           |                         |                         | Φ1,000             |
|           |  | . /            |   |                            |                            |            | Т                         | OTAL                    | \$2,340                 | \$2,340            |

# Trip Gontractual Travel Narrative:

- The Case Manager will attend the National Conference on Substance Abuse and Mental Health scheduled to be held in Washington, D.C., from June 14-15, 2021.
- Travel will be required to coordinate with the Client Services Treatment provider and meet with clients throughout the geographic catchment area. Local travel rate is based on GSA's privately-owned vehicle (POV) mileage reimbursement rate effective January 1, 2020.

# Contractual Supplies Costs for John Smith (Case Manager)

| 7   | ĭ             | <u> </u>                    |           | C         | alculation |          |                                 |         |
|-----|---------------|-----------------------------|-----------|-----------|------------|----------|---------------------------------|---------|
| Ite | ne<br>em<br># | ltem                        | Unit Cost | Basis     | Quantity   | Duration | Contractual<br>Supplies<br>Cost | REQUEST |
|     | 1             | Office supplies for project | \$47.54   | per month |            | 12.00    | \$570                           | \$570   |
|     |               |                             |           |           |            | TOTAL    | \$570                           | \$570   |

v1.2 Page 6 of 11 02/2021



| Line<br>Item<br># | Contractual Supplies Narrative:  |  |
|-------------------|--|--|
| 1                 | The Case Manager will need office supplies to perform his responsibilities to oversee client services and treatment. |  |
|                   |  |  |

# Contractual Other Costs for John Smith (Case Manager)

|                   |                 |                     | Ca         | alculation |          |                           |                    |
|-------------------|-----------------|---------------------|------------|------------|----------|---------------------------|--------------------|
| Line<br>Item<br># |                 | Unit Cost /<br>Rate | Basis      | Quantity   | Duration | Contractual<br>Other Cost | FEDERAL<br>REQUEST |
| 1                 | Training Course | \$175.00            | per course | 1.00       |          | \$175                     | \$175              |
| 2                 | Telephone       | \$60.00             | per month  |            | 12.00    | \$720                     | \$720              |
|                   |                 |                     |            |            | TOTAL    | \$895                     | \$895              |

| Line<br>Item<br># | Contractual Other Narrative:   |
|-------------------|--|
| 1                 | We require the Case Manager to attend one training session for treatment providers.                      |
| 2                 | Telephone is needed for communication and collaboration with the treatment service provider and clients. |

# Contractual Indirect Charges Costs for John Smith (Case Manager)

|              | Calculation |                 | FEDERAL |
|--------------|-------------|-----------------|---------|
| IDC Rate (%) | Base        | Contractual IDC | REQUEST |
| 27.82%       | \$33,750    | \$9,389         | \$9,389 |
|              | TOTAL       | \$9,389         | \$9,389 |

| Contractual Indirect Charges Narrative:     | 5                         |
|---|---------------------------|
| Consultant's IDC rate is 27.82% of personne | and fringe benefit costs. |

| Contractual Details for Jane Smith (Evaluator) |
|--|
| <b>⊠</b> Personnel                             |
| Fringe Benefits                                |
| Travel   |
|  |
| Other  |
| Indirect Charges                               |
|  |

# Contractual Personnel Costs for Jane Smith (Evaluator)

| )                 | Key       |            |                            | Check                  | Calculation    |       |                  |                               |                                  |                    |
|-------------------|-----------|------------|----------------------------|------------------------|----------------|-------|------------------|-------------------------------|----------------------------------|--------------------|
| Line<br>Item<br># | Position  | Name       | Position<br>per the<br>FOA | if<br>Annual<br>Salary | Hourly<br>Rate | Hours | Annual<br>Salary | % Level<br>of Effort<br>(LOE) | Contractual<br>Personnel<br>Cost | FEDERAL<br>REQUEST |
| 1                 | Evaluator | Jane Smith |                            |                        | \$40.00        | 200   |                  |                               | \$8,000                          | \$8,000            |
|                   |           |            |                            |                        |                |       |                  | TOTAL                         | \$8,000                          | \$8,000            |

v1.2 Page 7 of 11 02/2021



### SAMHSA Detailed Budget and Narrative Justification

| ine<br>tem<br># | Contractual Personnel Narrative:   |
|-----------------|--|
| 1               | The Evaluator is needed to implement data collection and reporting activities required by the FOA. |
|                 |  |

Contractual Travel Costs for Jane Smith (Evaluator)

|           |                                  |                                  |                            | Cal                        | culation   |                           |                         |                         |                    | 1 |
|-----------|----------------------------------|----------------------------------|----------------------------|----------------------------|------------|---------------------------|-------------------------|-------------------------|--------------------|---|
| Trip<br># | Purpose Destination              |                                  | ltem                       | Cost /<br>Rate per<br>Item | Basis      | Quantity<br>per<br>Person | Number<br>of<br>Persons | Contract<br>Travel Cost | FEDERAL<br>REQUEST |   |
|           | Substance Abuse and Mental Heath | Chicago, IL to<br>Washington, DC | Hotel/Lodging              | \$180.00                   | Night      | 2.00                      | 1                       | \$360                   | 000                |   |
| 1         | National<br>Conference           | Tradinington, 20                 | Per Diems (M&IE only)      | \$46.00                    | Day        | 2.00                      | 1                       | \$92                    | \$652              |   |
| ľ         |                                  |                                  | Airfare                    | \$200.00                   | Round Trip | 1.00                      | 1                       | \$200                   | Ψ002               |   |
|           |                                  |                                  |                            |                            |            |                           |                         | ~                       |                    |   |
| 2         | Local Travel                     | various                          | Local Travel (POV Mileage) | \$0.54                     | Mile       | 2,000.00                  | . 1                     | \$1,080                 | \$1,080            |   |
|           |                                  |                                  |                            |                            |            |                           | Q.,,                    |                         | Ψ1,000             |   |
|           |                                  |                                  |                            |                            |            | (2)                       | OTAL                    | \$1,732                 | \$1,732            |   |

| I FID I | Contractual | T | N I |
|---------|-------------|---|-----|
|         |             |   |     |
|         |             |   |     |

- The Evaluator will attend the National Conference on Substance Abuse and Mental Health scheduled to be held in Washington, D.C., from June 14-15, 2021.
- Local travel is needed for data collection activities in the geographic catchment area. Local travel rate is based on GSA's privately-owned vehicle (POV) mileage reimbursement rate effective January 1, 2020.

| Contractual Details for | To Be Announced (Marketing | (Coordinator) |
|-------------------------|----------------------------|---------------|
|-------------------------|----------------------------|---------------|

| Personnel        |                 |
|------------------|-----------------|
| Fringe Benefits  |                 |
| Travel           |                 |
| Supplies         | \(\frac{1}{2}\) |
| Other            |                 |
| Indirect Charges | X               |

Contractual Personnel Costs for To Be Announced (Marketing Coordinator)

|                   | 2                     |      | Key Che                               |                |       | Check            |                               |                                  |                    |         |
|-------------------|-----------------------|------|---------------------------------------|----------------|-------|------------------|-------------------------------|----------------------------------|--------------------|---------|
| Line<br>Item<br># |                       | Name | Position if per the Annual FOA Salary | Hourly<br>Rate | Hours | Annual<br>Salary | % Level<br>of Effort<br>(LOE) | Contractual<br>Personnel<br>Cost | FEDERAL<br>REQUEST |         |
| 1                 | Marketing Coordinator | TBD  |                                       | $\boxtimes$    |       |                  | \$30,000                      | 10.00%                           | \$3,000            | \$3,000 |
| . 9               |                       |      |                                       |                |       |                  |                               | TOTAL                            | \$3,000            | \$3,000 |

| Line |             | _         |            |
|------|-------------|-----------|------------|
| Item | Contractual | Personnel | Narrative: |

The Marketing Coordinator is needed to develop and implement a plan for community education and outreach efforts to engage clients to ensure we reach our annual client enrollment goal for the project.

v1.2 Page 8 of 11 02/2021



### G. Construction: Not Applicable

### H. Other

| Line<br>Item<br># | ltem              | Unit Cost /<br>Rate | Basis                   | Quantity | Duration | Other Cost | FEDERAL<br>REQUEST |
|-------------------|-------------------|---------------------|-------------------------|----------|----------|------------|--------------------|
| 1                 | Rent              | \$6.75              | per sq. ft.             | 700.00   | 12.00    | \$56,700   | \$56,700           |
| 2                 | Telephone         |                     | per month               |          | 12.00    | \$1,200    | \$1,200            |
| 3                 | Client Incentives | \$10.00             | per client follow<br>up | 250.00   |          | \$2,500    | \$2,500            |
| 4                 | Brochures         | \$0.89              | per brochure            | 1,500.00 |          | \$1,335    | \$1,335            |
|                   |                   |                     |                         |          | TOTAL    | \$61,735   | \$61,735           |

### Other Narrative:

We are requesting rental costs as a direct charge because the 700 sq ft service site is necessary for the project. The service site will be used for staff and consultants to coordinate and implement project activities such as Advisory Working Group

- meetings, vocational and educational counseling sessions with clients, meetings with local authorities and organizations to plan and coordinate activities for client supports. The rent was calculated by square footage and reflects SAMHSA's fair share of the space. Refer to attached completed Rent Questionnaire for more details on the rental cost.
- <sup>2</sup> The monthly telephone costs reflect the percent of effort for the personnel listed in this application for this project only.
- IThe \$10 incentive is needed to meet program goals by encouraging attendance and follow-up with 250 clients.
- 4 Brochures will be used at various community functions such as health fairs and exhibits.

# I. Total Direct Charges

| TOTAL DIRECT CHARGES | TOTAL FEDERAL REQUEST |
|----------------------|-----------------------|
| TOTAL DIRECT CHARGES | \$224,319             |

# J. Indirect Charges

### Type of IDC Rate / Cost Allocation Plan

We will apply the rate in our approved federally negotiated IDC rate agreement

# Indirect Charges

| End Date of Effective Period of |                       | FEDERAL       |         |         |  |
|---------------------------------|-----------------------|---------------|---------|---------|--|
| Approved IDC Rate Agreement     | Approved IDC Rate (%) | Approved Base | IDC     | REQUEST |  |
| Aug 29, 2024                    | 12.00%                | \$68,410      | \$8,209 | \$8,209 |  |
|                                 |                       | TOTAL         | \$8,209 | \$8,209 |  |

# Indirect Charges Narrative:

1. Our organization's approved IDC rate is 12.00% of personnel and fringe costs effective 08/30/2019 through 08/29/2024.

v1.2 Page 9 of 11 02/2021



# Indirect Charges Narrative:

- 2. We applied our IDC rate to personnel and fringe costs only, which is the approved base stated in our IDC rate agreement.
- FUTI' 3. Our approved IDC rate is in effect at the beginning of the budget period.4. We have attached a copy of our approved federally negotiated IDC rate agreement.

# **REVIEW OF COST SHARING AND MATCHING**

Cost sharing or matching is not required for this grant.

### **BUDGET SUMMARY: YEAR 1**

| BUDGET<br>CATEGORY                         | FEDERAL<br>REQUEST |
|--|--------------------|
| A. Personnel                               | \$52,765           |
| B. Fringe Benefits                         | \$15,645           |
| C. Travel                                  | \$2,804            |
| D. Equipment                               | \$0                |
| E. Supplies                                | \$3,944            |
| F. Contractual                             | \$87,426           |
| G. Construction (N/A)                      | \$0                |
| H. Other                                   | \$61,735           |
| I. Total Direct Charges<br>(sum of A to H) | \$224,319          |
| J. Indirect Charges                        | \$8,209            |
| Total Projects Costs (sum of I and J)      | \$232,528          |

# **BUDGET SUMMARY FOR REQUESTED FUTURE YEARS**

|   | Year 2             | Year 3             | Year 4             | Year 5             |  |
|---|--------------------|--------------------|--------------------|--------------------|--|
| Budget Category                         | FEDERAL<br>REQUEST | FEDERAL<br>REQUEST | FEDERAL<br>REQUEST | FEDERAL<br>REQUEST |  |
| A. Personnel                            | \$54,348           | \$55,978           | \$57,657           | \$59,387           |  |
| B. Fringe Benefits                      | \$16,114           | \$17,101           | \$17,614           | \$18,143           |  |
| C. Travel                               | \$2,804            | \$2,804            | \$2,804            | \$2,804            |  |
| D. Equipment                            | \$0                | \$0                | \$0                | \$0                |  |
| E. Supplies                             | \$1,844            | \$1,844 \$1,844    |                    | \$1,844            |  |
| F. Contractual                          | \$87,426           | \$87,426           | \$87,426           | \$87,426           |  |
| G. Construction                         | \$0                | \$0                | \$0                | \$0                |  |
| H. Other                                | \$63,433           | \$64,886           | \$66,375           | \$67,902           |  |
| I. Total Direct<br>Charges (sum A to H) | \$225,969          | \$230,039          | \$233,720          | \$237,506          |  |
| J. Indirect Charges                     | \$8,455            | \$8,769            | \$9,033            | \$9,304            |  |

v1.2 Page 10 of 11 02/2021



### SAMHSA Detailed Budget and Narrative Justification

| Total Project Costs | \$234,424 | \$238,808 | \$242,753 | \$246,810 |
|---------------------|-----------|-----------|-----------|-----------|
| (sum of I and J)    | \$Z34,4Z4 | \$230,000 | \$24Z,133 | \$240,010 |

### **Budget Summary Narrative:**

- 1. Personnel costs for future years include a 3% cost of living adjustment (COLA). See attached organization policy on COLA
- 2. Fringe benefit costs for years 3, 4, and 5 include a 3% increase (from 29.65% to 30.55%).
- 3. Supplies costs for future years exclude costs for the following one-time expenses: laptop, printer, and projector.
- 4. Rental costs for future years include a 2.5% increase.

### **FUNDING LIMITATIONS / RESTRICTIONS**

### Funding Limitation/Restriction

No more than 10 percent of the total grant award for each budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

|   | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total for Budget<br>Category |
|---|----------|----------|----------|----------|----------|------------------------------|
| A. Personnel                            | \$5,277  | \$5,435  | \$5,598  | \$5,766  | \$5,939  | \$28,015                     |
| B. Fringe Benefits                      | \$1,564  | \$1,611  | \$1,710  | \$1,761  | \$1,814  | \$8,460                      |
| C. Travel                               | \$150    | \$150    | \$150    | \$150    | \$150    | \$750                        |
| D. Equipment                            | \$0      | \$0      | \$0      | \$0      | \$0      | \$0                          |
| E. Supplies                             | \$400    | \$400    | \$400    | \$400    | \$400    | \$2,000                      |
| F. Contractual                          | \$9,732  | \$9,732  | \$9,732  | \$9,732  | \$9,732  | \$48,660                     |
| H. Other                                | \$2,500  | \$2,500  | \$2,500  | \$2,500  | \$2,500  | \$12,500                     |
| I. Total Direct<br>Charges (sum A to H) | \$19,623 | \$19,828 | \$20,090 | \$20,309 | \$20,535 | \$100,385                    |
| J. Indirect Charges                     | \$821    | \$846    | \$877    | \$903    | \$930    | \$4,377                      |
| TOTAL for the<br>Budget Year            | \$20,444 | \$20,674 | \$20,967 | \$21,212 | \$21,465 | \$104,762                    |
| Percentage of the<br>Budget             | 8.792%   | 8.819%   | 8.780%   | 8.738%   | 8.697%   |                              |

### Funding Limitation/Restriction Narrative:

The percentage of the budget that will be spent on data collection and performance measurement does not exceed 10% for any budget period. Maximum percentage for any budget period is 8.8% (\$20,444 / \$232,528 – Year 1).

The following expenses in our Year 1 budget relate to the amounts shown in the table above:

Personnel and Fringe - approximately 10% of the Project Director and Program Coordinator's time will be spent overseeing data collection and performance measurement activities.

Travel - approximately 10% of staff's local travel costs will be for data collection and performance measurement activities.

Supplies - approximately 50% of the cost for copies will be for data collection and performance measurement activities.

Other - \$2,500 is the cost for incentives for data follow-up (250 clients @\$10 each).

Contractual - \$9,732 is the total cost for the Evaluator.

Indirect Charges - portion of IDC on Personnel and Fringe costs for data collection and performance measurement activities.

v1.2 Page 11 of 11 02/2021



# Match

# SAMHSA Detailed Budget and Narrative Justification

| Applicant/Recipient       | Application/Award Number       |                                  |                |
|---------------------------|--------------------------------|----------------------------------|----------------|
| Substance Abuse and Men   | tal Health Organization Inc.   |                                  | TI12345-01     |
| Project Title:            | Reducing the Impact of Subst   | ance Abuse and Mental Illness in | our Community. |
|                           | Start Date                     | End Date                         | Budget Year    |
| Budget Period:            | 09/30/2020                     | 09/29/2021                       | 1              |
| COST SHARING AND          | MATCHING                       |                                  | 365            |
| Matching Required:        | ∑YES                           |                                  | .:002          |
| Match Ratio stated in the | FOA:                           |                                  | Day            |
| The matching funds must n | ot be less than \$ 15 for each | § 85 of federal funds provided.  |                |
| A. Personnel              |                                | ralio                            | ¥              |

|                   |                                |  | Key                        | Kev Check            |                |       | Calculati        | on                            |                   |                    | NON-             |
|-------------------|--------------------------------|--|----------------------------|----------------------|----------------|-------|------------------|-------------------------------|-------------------|--------------------|------------------|
| Line<br>Item<br># |                                | Name   | Position<br>per the<br>FOA | if<br>Hourly<br>Rate | Hourly<br>Rate | Hours | Annual<br>Salary | % Level<br>of Effort<br>(LOE) | Personnel<br>Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| 1                 | Project Director               | Alice Doe  | $\boxtimes$                |                      |                | ĶΟ),  | \$64,890         | 17.00%                        | \$11,031          | \$6,489            | \$4,542          |
| 2                 | Program Coordinator            | Vacant, to be hired within 60 days of award date |                            |                      | . 6            |       | \$46,276         | 100.00%                       | \$46,276          | \$46,276           |                  |
| 3                 | Prevention Specialist          | Sarah Smith                                      |                            |                      | 0,             |       | \$26,000         | 25.00%                        | \$6,500           | \$0                | \$6,500          |
| 4                 | Peer Recovery Support<br>Staff | Ron Jones  |                            | D)                   |                |       | \$23,000         | 40.00%                        | \$9,200           | \$0                | \$9,200          |
| 5                 | Clerical Support               | Susan Johnson                                    |                            | $\boxtimes$          | \$13.38        | 100   |                  |                               | \$1,338           | \$0                | \$1,338          |
|                   | TOTAL                          |  |                            |                      |                |       |                  |                               |                   | \$52,765           | \$21,580         |

# Personnel Narrative: The Project Director will provide daily oversight of the grant. This position is responsible for overseeing the implementation of the project activities, internal and external coordination, developing materials, and conducting meetings. Our organization fund \$4,542 of the Project Director's personnel cost. The Program Coordinator will coordinate project service and activities, including training, communication and information dissemination. The Prevention Specialist will be responsible for conducting educational/training programs. Our organization will fund all of the Prevention Specialist's personnel cost. The Peer Recovery Support Staff will be responsible for peer recruitment, coordination, and support. Our organization will fund all of the Peer Recovery Support Staff's personnel cost. The clerical support will process paperwork, payroll, and expense reports which is not included in the indirect cost pool. Our organization will fund all of the Clerical Support personnel cost.

### **B.** Fringe Benefits

Our organization's fringe benefits consist of the components shown below:

| Fringe Components | Rate (%)     |       |
|-------------------|--------------|-------|
| v1.2              | Page 1 of 14 | 02/20 |



# SAMHSA Detailed Budget and Narrative Justification

| Retirement        | 10.00% |
|-------------------|--------|
| FICA              | 7.65%  |
| Insurance         | 6.00%  |
| Social Security   | 6.00%  |
| Total Fringe Rate | 29.65% |

# Fringe Benefits Cost

|                   |                             |  |                   | Calc                        | ulation                                |                            | - 29               | NON-             |
|-------------------|-----------------------------|--|-------------------|-----------------------------|--|----------------------------|--------------------|------------------|
| Line<br>Item<br># |                             | Name   | Personnel<br>Cost | Total<br>Fringe<br>Rate (%) | Fixed / Lump<br>Sum Fringe<br>(if any) | Fringe<br>Benefits<br>Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| 1                 | Project Director            | Alice Doe  | \$11,031          | 29.65%                      |  | \$3,271                    | \$1,924            | \$1,347          |
| 2                 | Program Coordinator         | Vacant, to be hired within 60 days of award date | \$46,276          | 29.65%                      |  | \$13,721                   | \$13,721           |                  |
| 3                 | Prevention Specialist       | Sarah Smith                                      | \$6,500           | 29.65%                      | X                                      | \$1,927                    | \$0                | \$1,927          |
| 1 4               | Peer Recovery Support Staff | Ron Jones  | \$9,200           | 29.65%                      | N.O.                                   | \$2,728                    | \$0                | \$2,728          |
| 5                 | Clerical Support            | Susan Johnson                                    | \$1,338           | 29.65%                      | 3                                      | \$397                      | \$0                | \$397            |
|                   |                             |  |                   |                             | TOTAL                                  | \$22,044                   | \$15,645           | \$6,399          |

### Fringe Benefits Narrative:

The fringe benefit rate for full-time employees for years one and two is calculated at 29.65%. For years three, four, and five it is anticipated to increase to 30.55%. Our organization will fund \$1,347 of the fringe benefits cost for the Project Director and all of the fringe benefit costs for the Prevention Specialist, Peer Recovery Support Staff, and Clerical Support.

# C. Travel

|           |                                 |                              |                            | Cal                        | culation   |                           |                         |                |                    | NON-                                    |
|-----------|---------------------------------|------------------------------|----------------------------|----------------------------|------------|---------------------------|-------------------------|----------------|--------------------|---|
| Trip<br># | Purpose                         | Destination                  | ltem                       | Cost /<br>Rate per<br>Item | Basis      | Quantity<br>per<br>Person | Number<br>of<br>Persons | Travel<br>Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH                        |
|           | Suicide Prevention<br>National  | Chicago, IL to<br>Washington | Hotel/Lodging              | \$180.00                   | Night      | 2.00                      | 2                       | \$720          |                    |   |
| 1         | Conference                      | D.C.                         | Per Diems (M&IE only)      | \$46.00                    | Day        | 2.00                      | 2                       | \$184          | \$1,304            |   |
| '         |                                 | 70                           | Airfare                    | \$200.00                   | Round Trip | 1.00                      | 2                       | \$400          | \$1,504            |   |
|           |                                 | 0.7                          | ,                          |                            |            |                           |                         |                |                    |   |
| 2         | Local Travel                    | various                      | Local Travel (POV Mileage) | \$0.50                     | Mile       | 3,350.00                  | 1                       | \$1,675        | \$1,500            | \$175                                   |
|           | 0                               |                              |                            |                            |            |                           |                         |                |                    | * |
|           | Regional Training<br>Conference | Chicago, IL                  | Hotel/Lodging              | \$155.00                   | Night      | 2.00                      | 2                       | \$620          |                    |   |
| Q         | 55                              |                              | Per Diems (M&IE only)      | \$46.00                    | Day        | 2.00                      | 2                       | \$184          | \$0                | \$1,104                                 |
| D'        | [                               |                              | Airfare                    | \$150.00                   | Round Trip | 1.00                      | 2                       | \$300          | ΨΟ                 | Ψ1,104                                  |
|           |                                 |                              |                            |                            |            |                           |                         |                |                    |   |
|           | TOTAL \$4,083                   |                              |                            |                            |            |                           |                         | \$2,804        | \$1,279            |   |

v1.2 Page 2 of 14 02/2021



# Travel Narrative:

- Two staff (Project Director and Program Coordinator) will attend the annual National Conference on Substance Abuse and Mental Health scheduled to be held in Washington, D.C., from June 14-15, 2021.
- Local travel is needed for staff to attend local meetings, training events, outreach workshops, and conduct project activities in the geographic catchment area. Our organization will provide the funding for 350 miles of local travel (\$0.50 per mile x 350 miles = \$175). Privately-owned vehicle (POV) mileage reimbursement rate is based on the organization's policies.
- Our organization will provide the funding for two members to attend the annual regional technical assistance workshop (the closest location is Chicago, IL).

# D. Equipment

|                   |     |          | Calcu                               | -02-                                 | NON-              |                    |                  |
|-------------------|-----|----------|-------------------------------------|--------------------------------------|-------------------|--------------------|------------------|
| Line<br>Item<br># |     | Quantity | Purchase or<br>Rental/Lease<br>Cost | Percent<br>Charged to the<br>Project | Equipment<br>Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| 1                 | N/A |          |                                     |                                      | \$0               | \$0                |                  |
|                   |     |          |                                     | TOTAL                                | \$0               | \$0                |                  |

| ine<br>tem<br># | Equipment Narrative: | Silve |
|-----------------|----------------------|-------|
| 1               | N/A                  |       |

# E. Supplies

|                   |                      |           | .60          |          |          | NON-             |                    |                  |
|-------------------|----------------------|-----------|--------------|----------|----------|------------------|--------------------|------------------|
| Line<br>Item<br># | ltem                 | Unit Cost | Basis        | Quantity | Duration | Supplies<br>Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| 1                 | Project supplies     | \$50.00   | per month    |          | 12.00    | \$600            | \$0                | \$600            |
| 2                 | Laptop               | \$900.00  | per laptop   | 1.00     |          | \$900            | \$900              |                  |
| 3                 | Printer              | \$300.00  | per printer  | 1.00     |          | \$300            | \$300              |                  |
| 4                 | Printing supplies    | \$37.00   | per month    |          | 12.00    | \$444            | \$296              | \$148            |
| 5                 | Copies               | \$0.10    | per copy     | 8,000.00 |          | \$800            | \$800              |                  |
| 6                 | Furniture (bookcase) | \$75.00   | per item     | 1.00     |          | \$75             | \$0                | \$75             |
| 7                 | Furniture (tables)   | \$100.00  | per item     | 2.00     |          | \$200            | \$0                | \$200            |
| 8                 | Furniture (chairs)   | \$25.00   | per item     | 10.00    |          | \$250            | \$0                | \$250            |
| 9                 | Computer             | \$500.00  | per computer | 1.00     |          | \$500            | \$0                | \$500            |
|                   | (C) X                |           |              |          | TOTAL    | \$4,069          | \$2,296            | \$1,773          |

# Supplies Narrative:

Project supplies (stationary, pens, pencils, highlighters, computer supplies etc.) are needed for organization staff to perform daily project activities. Our organization will provide the funding for the entire cost for project supplies.

- The laptop is needed for presentations by the Project Director. Cost was based on retail value at the time the application was written.
- The printer is needed to print presentations and other project documents. Cost was based on retail value at the time the application was written.
- Printing supplies is needed for organization staff to print presentations and other project documents. Our organization will provide the funding for 4 months of printing supplies.

v1.2 Page 3 of 14 02/2021



| Line<br>Item<br># |   |
|-------------------|---|
| 5                 | Copies are needed for project activities including presentations, workshops, and training events.   |
| 6                 | The local television station is donating furniture (1 bookcase @ \$75; 2 tables @100 each; and 10 chairs @\$25 each) for project activities, and a computer (@ \$500) for the Program Coordinator. Unit costs are the current fair market value for the items. We will use these items for the project and will claim them as our non-federal match contribution only ONCE during the project period. |
| 7                 | See the narrative for line item# 6 above.   |
| 8                 | See the narrative for line item# 6 above.   |
| 9                 | See the narrative for line item# 6 above.   |

# F. Contractual

# **Summary of Contractual Costs**

| Contract<br># | Name of Organization or<br>Consultant      | Summary of Services & Deliverables Provided  | Contractual<br>Cost | FEDERAL<br>REQUEST | NON-<br>FEDERAL<br>MATCH |
|---------------|--|--|---------------------|--------------------|--------------------------|
| 1             | Certified Trainers Inc.                    | Provide recovery and wellness training to three (3) organization staff.  | \$750               | \$750              | \$0                      |
| 2             | Client Treatment Services Inc.             | Client Treatment Services Inc. will provide client treatment services to 1,000 clients each year.  | \$27,000            | \$27,000           | \$0                      |
| 3             | John Smith (Case Manager)                  | The Case Management will be responsible for working closely with Client Treatment Services Inc. to coordinate and organize client treatment services and planning. | \$46,944            | \$46,944           | \$0                      |
| 4             | Jane Smith (Evaluator)                     | The Evaluator will be responsible for all data collection and reporting required under the Funding Opportunity Announcement (FOA).                                 | \$9,732             | \$9,732            | \$0                      |
| 5             | To Be Announced (Marketing<br>Coordinator) | The Marketing Coordinator will provide public education<br>and outreach support to ensure we meet our client<br>enrollment goals.                                  | \$3,000             | \$3,000            | \$0                      |
| 6             | Jane Doe (Consultant)                      | The Consultant will provide outreach meeting facilitation.   | \$11,208            | \$0                | \$11, <b>20</b> 8        |
| 7             | West Bank School District                  | Student Assistance Program.  | \$15,000            | \$0                | \$15,000                 |
|               |  | TOTAL  | \$113,634           | \$87,426           | \$26,208                 |

| _ |               |  |
|---|---------------|--|
| ( | Contract<br># | Contractual Summary Narrative:   |
|   |               | Certified trainers are necessary to provide staff with recovery and wellness training so they can be equipped to educate the community on mental health recovery and wellness and implement the activities required by the FOA. The contract with Certified Trainers Inc. was procured via micro-purchase with a period of performance identical to the budget period 9/30/2020 to 09/29/2021.   |
|   | 2             | We issued a subaward to Client Treatment Services Inc. for comprehensive client-centered treatment services and planning. This subaward was procured via small purchase with a period of performance identical to the budget period 9/30/2020 to 09/29/2021. We obtained competitive prices from an adequate number of qualified sources to ensure competition. Refer to the attached summary of services and deliverables for Client Treatment Services Inc.  |
|   | 3             | The Case Manager, John Smith, is vital to coordinating and organizing comprehensive client treatment services and planning related to the program and leading to successful outcomes. The Case Manager is a consultant whose services were obtained via small purchase procurement with a period of performance identical to the budget period 9/30/2020 to 09/29/2021. Refer to the attached summary of services and deliverables for the Case Manager.   |
|   | 4             | The Evaluator, Jane Smith, is an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will be responsible for all data collection and reporting as required by the FOA. The Evaluator is a consultant whose services were obtained via micro-purchase procurement with a period of performance identical to the budget period 9/30/2020 to 09/29/2021. Refer to the attached summary of services and deliverables for the Evaluator. |
|   |               | The Marketing Coordinator is key to meeting our goal of enrolling 1,000 clients into our program each year. The  |

v1.2 Page 4 of 14 02/2021

**126** | Page 6/1/2021



# SAMHSA Detailed Budget and Narrative Justification

| Contract Contractual Summary Narrative:   |   |  |   |   |  |   |  |
|---|---|--|---|---|--|---|--|
| Marketing Coordinator will develop a pla community about activities and services community civic organizations, churches consultant whose services will be obtain 09/29/2021. Refer to the attached summ The Outreach Facilitator will volunteer h strategic plan.  West Bank School District is donating the | s; and provices, agencies, ned via micronary of servicer time to fa | de presentation family groups o-purchase prices and delivacilitate the your presentation of the presentati | ns at comes and scherocuremer erables for the prevenue of the | nmunity mools. The nt with a porthe Mai | neetings and<br>Marketing (<br>period of per<br>rketing Coor<br>d outreach s | l events to sta<br>Coordinator w<br>formance to e<br>dinator.<br>essions outlin | keholders,<br>ill be a<br>end<br>ed in the |
| 50 non-school attending youth.  |   |  |   |   |  | 35  |  |
| Contractual Details for Certified Trainers  | s Inc.  |  |   |   |  | 400   |  |
| Personnel Fringe Benefits Travel Supplies  Other  |   |  |   |   | iou b,   |   |  |
| Indirect Charges  |   |  |   |   |  |   |  |
| Contractual Other Costs for Certified Trainers  | Inc.  |  | 1110  |   |  |   |  |
| Line Item #   | Unit Cost /<br>Rate   | Basis  | alculation<br>Quantity  | Duration                                | Contractual<br>Other Cost  | FEDERAL<br>REQUEST  | NON-<br>FEDERAL<br>MATCH                   |
| 1 Five-Day Training Session for 3 organization staff  | \$250.00  | per staff  | 3.00  |   | \$750  | \$750   |  |
|   | N   | 1  |   | TOTAL                                   | \$750  | \$750   |  |
| Contractual Other Narrative:  Certified trainers are necessary to provide mental health recovery and implement the  | activities re   | equired by the   |   | aining so                               | they can ec  | lucate the con  | nmunity on                                 |
| Personnel □ Fringe Benefits □ Travel □ Supplies □ Other □ Indirect Charges  |   |  |   |   |  |   |  |
| Contractual Other Costs for Client Treatment  | Services Ind  | D.   |   |   |  |   |  |
| Line  | Unit Cost /   |  | alculation  | Duration                                | Contractual  | FEDERAL<br>REQUEST  | NON-<br>FEDERAL                            |
| Item Item   | Rate  | Basis  | Quantity  | Duration                                | Other Cost   | REQUEST   | MATCH                                      |
|   | Rate  | /client per year   | 1,000.00  | Duration                                | \$27,000   | \$27,000  | MATCH                                      |

v1.2 Page 5 of 14 02/2021



# SAMHSA Detailed Budget and Narrative Justification

| Line          | Contractual Other N          | larrative:                |                            |                        |                  |          |                 |                         |                         |                 |                  |
|---------------|------------------------------|---------------------------|----------------------------|------------------------|------------------|----------|-----------------|-------------------------|-------------------------|-----------------|------------------|
| #             |                              |                           |                            |                        |                  |          |                 |                         |                         |                 |                  |
| 1             | The unit cost/rate of        | f \$27.00/client per year | r for cl                   | ent tre                | eatment s        | services | is bas          | ed on th                | e organizatio           | on's history of | expenses.        |
| Can           | tractual Details fo          | or John Smith (Cas        |                            |                        | Λ                |          |                 |                         |                         |                 |                  |
| Con           | tractual Details it          | or John Smith (Cas        | ie iviai                   | nager                  | )                |          |                 |                         |                         | JiPOSE          | -0               |
| $\boxtimes$ P | ersonnel                     |                           |                            |                        |                  |          |                 |                         |                         |                 | Co               |
| igwedge F     | ringe Benefits               |                           |                            |                        |                  |          |                 |                         |                         | -0              |                  |
| , ,           | 'ravel                       |                           |                            |                        |                  |          |                 |                         |                         | 00              |                  |
|               | Supplies                     |                           |                            |                        |                  |          |                 |                         |                         | .rO             |                  |
|               | Other                        |                           |                            |                        |                  |          |                 |                         | 0)                      |                 |                  |
| ∑ Ir          | ndirect Charges              |                           |                            |                        |                  |          |                 |                         | ~                       |                 |                  |
| 0             | -tus stand Dans success of C | Doods for John Creith /   | 0                          |                        |                  |          |                 |                         |                         |                 |                  |
| Cor           | ntractual Personnei C        | Costs for John Smith (    | Case                       | wanag                  | jer)             |          |                 | X                       | 0.                      |                 |                  |
| Line          |                              |                           | Key                        | Check                  |                  |          | Calcula         |                         |                         | FEDERAL         | NON-             |
| Item<br>#     | Position                     | Name                      | Position<br>per the<br>FOA | if<br>Annual<br>Salary | Hourly<br>Rate   | Hours    | Annua<br>Salary | , or Eπor               | t Personnel             | REQUEST         | FEDERAL<br>MATCH |
|               |                              |                           | FOA                        |                        | Nate             |          |                 | (LOE)                   | Cost                    |                 | WATON            |
| 1             | Case Manager                 | John Smith                |                            |                        |                  |          | \$27,00         | 00 100.009              | 6 \$27,000              | \$27,000        |                  |
|               |                              |                           |                            |                        |                  | 6        |                 | TOTAI                   | \$27,000                | \$27,000        | ı                |
| Line          | I                            |                           |                            |                        | 3                | <u></u>  |                 |                         |                         |                 |                  |
|               | Contractual Personi          | nel Narrative:            |                            |                        | .10              |          |                 |                         |                         |                 |                  |
| 1             |                              | is vital to organizing a  |                            | ordinat                | ing client       | treatme  | ent and         | d related               | treatment pl            | anning servic   | es               |
|               | necessary for the su         | uccess of the program.    |                            | 7                      | 4                |          |                 |                         |                         |                 |                  |
| Cor           | ntractual Fringe Bene        | efits Costs for John Sr   | nith (C                    | ase M                  | anager)          |          |                 |                         |                         |                 |                  |
|               | ŭ                            |                           | 60,                        |                        | ,                |          |                 |                         |                         |                 |                  |
| Coi           | iliactual IIIIge belle       | fits consist of the comp  | Joneni                     | S 51 10 V              | vii below        |          |                 |                         |                         |                 |                  |
| Fri           | nge Components               | ~2                        |                            |                        | Rate (%)         | )        |                 |                         |                         |                 |                  |
| Ac            | cidental and Health I        | Insurance Benefit         |                            |                        | 25.00%           | %        |                 |                         |                         |                 |                  |
|               |                              | Total F                   | Fringe                     | Rate                   | 25.00%           | <b>%</b> |                 |                         |                         |                 |                  |
|               |                              | 30                        |                            |                        |                  |          |                 |                         |                         |                 |                  |
| Cor           | ntractual Fringe Bene        | efits Costs               |                            |                        |                  |          |                 |                         |                         |                 |                  |
|               |                              |                           |                            |                        |                  |          | Calcula         | ation                   |                         |                 | NON-             |
| Line<br>Item  | Position                     | Nam                       | ie                         |                        | Contractua       |          |                 | Fixed /                 | Contractual             | FEDERAL         | FEDERAL          |
| #             | 10                           |                           |                            |                        | Personne<br>Cost | I Fring  |                 | ump Sum<br>ost (if any) | Fringe<br>Benefits Cost | REQUEST         | MATCH            |
| 1             | Case Manager                 | John Smith                |                            | Ţ                      | \$27,00          | 00 25.   | 00%             |                         | \$6,750                 | \$6,750         |                  |
|               |                              |                           |                            |                        |                  |          |                 | TOTAL                   | 00.750                  | ¢0.750          |                  |

| Contractual Fringe Benefits Narrative: |  |
|--|--|
| N/A                                    |  |

Contractual Travel Costs for John Smith (Case Manager)

v1.2 Page 6 of 14 02/2021

**128** | Page 6/1/2021



|           |                                  |                                  |                            | Cald                       | culation   |                           |                         |                         |                    | NON-             |
|-----------|----------------------------------|----------------------------------|----------------------------|----------------------------|------------|---------------------------|-------------------------|-------------------------|--------------------|------------------|
| Trip<br># | Purpose                          | Destination                      | ltem                       | Cost /<br>Rate per<br>Item | Basis      | Quantity<br>per<br>Person | Number<br>of<br>Persons | Contract<br>Travel Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
|           | Substance Abuse and Mental Heath | Chicago, IL to<br>Washington, DC | HoteVLodging               | \$180.00                   | Night      | 2.00                      | 1                       | \$360                   |                    |                  |
| 1         | National<br>Conference           | washington, Bo                   | Per Diems (M&IE only)      | \$46.00                    | Day        | 2.00                      | 1                       | 1 \$92                  | \$652              | 652              |
| '         |                                  |                                  | Airfare                    | \$200.00                   | Round Trip | 1.00                      | 1                       | \$200                   |                    | 0,,,             |
|           |                                  |                                  |                            |                            |            |                           |                         |                         |                    | S                |
| 2         | Local Travel                     | various                          | Local Travel (POV Mileage) | \$0.54                     | Mile       | 3,126.00                  | 1                       | \$1,688                 | \$1,688            |                  |
|           |                                  |                                  |                            |                            |            |                           |                         |                         | \$1,000            |                  |
|           |                                  |                                  |                            |                            |            | Т                         | OTAL                    | \$2,340                 | \$2,340            |                  |

# Trip Contractual Travel Narrative:

- The Case Manager will attend the National Conference on Substance Abuse and Mental Health scheduled to be held in Washington, D.C., from June 14-15, 2021.
- Travel will be required to coordinate with the Client Services Treatment provider and meet with clients throughout the geographic catchment area. Local travel rate is based on GSA's privately-owned vehicle (POV) mileage reimbursement rate effective January 1, 2020.

# Contractual Supplies Costs for John Smith (Case Manager)

|                   |                             | Calculation |           |          |          |                                 |                    | NON-       |
|-------------------|-----------------------------|-------------|-----------|----------|----------|---------------------------------|--------------------|------------|
| Line<br>Item<br># |                             | Unit Cost   | Basis     | Quantity | Duration | Contractual<br>Supplies<br>Cost | FEDERAL<br>REQUEST | AL FEDERAL |
| 1                 | Office supplies for project | \$47.54     | per month |          | 12.00    | \$570                           | \$570              |            |
|                   |                             | 0,7         |           |          | TOTAL    | \$570                           | \$570              |            |

|   | _ine |             |          |            |
|---|------|-------------|----------|------------|
| þ | tem  | Contractual | Supplies | Narrative: |

The Case Manager will need office supplies to perform his responsibilities to oversee client services and treatment.

# Contractual Other Costs for John Smith (Case Manager)

|                   |                 |                     | Calculation |          |          |                           |                    | NON-             |
|-------------------|-----------------|---------------------|-------------|----------|----------|---------------------------|--------------------|------------------|
| Line<br>Item<br># |                 | Unit Cost /<br>Rate | Basis       | Quantity | Duration | Contractual<br>Other Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| 1                 | Training Course | \$175.00            | per course  | 1.00     |          | \$175                     | \$175              |                  |
| 2                 | Telephone       | \$60.00             | per month   |          | 12.00    | \$720                     | \$720              |                  |
|                   |                 |                     |             |          | TOTAL    | \$895                     | \$895              |                  |

# Item Contractual Other Narrative:

- We require the Case Manager to attend one training session for treatment providers.
- 2 | Telephone is needed for communication and collaboration with the treatment service provider and clients.

Contractual Indirect Charges Costs for John Smith (Case Manager)

v1.2 Page 7 of 14 02/2021



|              | Calculation | FEDERAL         | NON-    |                  |
|--------------|-------------|-----------------|---------|------------------|
| IDC Rate (%) | Base        | Contractual IDC | REQUEST | FEDERAL<br>MATCH |
| 27.82%       | \$33,750    | \$9,389         | \$9,389 |                  |
|              | TOTAL       | \$9,389         | \$9,389 |                  |

| Contractual Indirect Charges Narrative:                                |       |
|--|-------|
| Consultant's IDC rate is 27.82% of personnel and fringe benefit costs. | -0,5  |
|  | 25    |
| Contractual Details for Jane Smith (Evaluator)                         | :00   |
| Personnel  | OUILE |
| Fringe Benefits  |       |
| ▼ Travel   |       |

Contractual Personnel Costs for Jane Smith (Evaluator)

Supplies
Other

Indirect Charges

|                   |           |            | Key                        | Check                  | 4              | (0)   | Calculati        | on                            |                                  |                    | NON-             |
|-------------------|-----------|------------|----------------------------|------------------------|----------------|-------|------------------|-------------------------------|----------------------------------|--------------------|------------------|
| Line<br>Item<br># |           | Name       | Position<br>per the<br>FOA | if<br>Annual<br>Salary | Hourly<br>Rate | Hours | Annual<br>Salary | % Level<br>of Effort<br>(LOE) | Contractual<br>Personnel<br>Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| 1                 | Evaluator | Jane Smith |                            |                        | \$40.00        | 200   |                  |                               | \$8,000                          | \$8,000            |                  |
|                   |           |            |                            | $O_{J_1}$              | •              |       |                  | TOTAL                         | \$8,000                          | \$8,000            |                  |

| Line<br>Item<br># | Contractual Personnel Narrative:         |  |
|-------------------|--|--|
| 1                 | The Evaluator is needed to implement dat | a collection and reporting activities required by the FOA. |

# Contractual Travel Costs for Jane Smith (Evaluator)

|           |               |                                  |                            |                            | NON-       |                           |                         |                         |                    |                  |
|-----------|---------------|----------------------------------|----------------------------|----------------------------|------------|---------------------------|-------------------------|-------------------------|--------------------|------------------|
| Trip<br># | Purpose       | Destination                      | ltem                       | Cost /<br>Rate per<br>Item | Basis      | Quantity<br>per<br>Person | Number<br>of<br>Persons | Contract<br>Travel Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
|           |               | Chicago, IL to<br>Washington, DC | Hotel/Lodging              | \$180.00                   | Night      | 2.00                      | 1                       | \$360                   |                    |                  |
| 1         | National      |                                  | Per Diems (M&IE only)      | \$46.00                    | Day        | 2.00                      | 1                       | \$92                    | \$652              |                  |
|           | a le          |                                  | Airfare                    | \$200.00                   | Round Trip | 1.00                      | 1                       | \$200                   | \$002              |                  |
| 2         | Local Travel  | various                          | Local Travel (POV Mileage) | \$0.54                     | Mile       | 2,000.00                  | 1                       | \$1,080                 | \$1,080            |                  |
| 1         |               | Ψ',                              |                            |                            |            |                           |                         |                         |                    |                  |
|           | TOTAL \$1,732 |                                  |                            |                            |            |                           |                         |                         | \$1,732            |                  |

| Trip | Contractual Travel Narrative:    |
|------|----------------------------------|
| #    | Sofilia dida i Travel Tarrative. |
|      |                                  |

v1.2 Page 8 of 14 02/2021



| Tri         | Contractual Travel  | Narrative:               |                            |                       |                |           |                  |                    |                          |                    |                  |  |
|-------------|---|--------------------------|----------------------------|-----------------------|----------------|-----------|------------------|--------------------|--------------------------|--------------------|------------------|--|
| #           |   | attend the National Cor  | nferenc                    | e on S                | Substand       | ce Abuse  | and Me           | ental He           | alth schedu              | lled to be held    | l in             |  |
| 1           |   | from June 14-15, 2021    |                            | o in th               | 0 0000r        | anhia aa  | tahmant          | oroo L             | and traval r             | ata ia basad s     | on CCA's         |  |
| 2           | Local travel is needed for data collection activities in the geographic catchment area. Local travel rate is based on GSA's privately-owned vehicle (POV) mileage reimbursement rate effective January 1, 2020. |                          |                            |                       |                |           |                  |                    |                          |                    |                  |  |
| _           |   |                          |                            |                       |                |           |                  |                    |                          |                    |                  |  |
| Co          | ntractual Details f   | or To Be Announce        | ed (Ma                     | arketii               | ng Coo         | rdinato   | r)               |                    |                          |                    | 0.               |  |
| $\boxtimes$ | Personnel   |                          |                            |                       |                |           |                  |                    |                          | 0                  | 5                |  |
|             | Fringe Benefits   |                          |                            |                       |                |           |                  |                    |                          | 25                 |                  |  |
|             | Travel  |                          |                            |                       |                |           |                  |                    |                          | 400                |                  |  |
|             | Supplies  |                          |                            |                       |                |           |                  |                    |                          | 7//                |                  |  |
|             | Other<br>Indirect Charges   |                          |                            |                       |                |           |                  |                    | X                        |                    |                  |  |
| Ш           | munect Charges  |                          |                            |                       |                |           |                  |                    | de                       |                    |                  |  |
| Co          | ontractual Personnel  | Costs for To Be Annou    | unced                      | (Marke                | ting Co        | ordinato  | -)               | N)                 |                          | JiPOSE             |                  |  |
|             |   |                          | Key                        | Check                 |                |           | Calculati        | ion                |                          |                    | NON-             |  |
| Lin<br>Ite: |   | Name                     | Position<br>per the        | if<br>Annual          | Hourly<br>Rate | Hours     | Annual<br>Salary | % Level of Effort  | Contractual<br>Personnel | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |  |
| 1           | Marketing Coordinator   | TBD                      | FOA                        | Salary                | Nate           |           | \$30,000         | (LOE)<br>10.00%    | Cost<br>\$3,000          | ¢2.000             | IVIATOR          |  |
| '           | Marketing Coordinator   | IBD                      |                            |                       |                | (0)       |                  |                    |                          | \$3,000            |                  |  |
|             |   |                          |                            |                       | · C            | 1         |                  | TOTAL              | \$3,000                  | \$3,000            |                  |  |
| Lin         | Contractual Persor  | nnel Narrative           |                            |                       |                |           |                  |                    |                          |                    |                  |  |
| #           | The Marketing Coo   | ordinator is needed to d | levelor                    | and ir                | nplemer        | nt a plan | for com          | munity e           | education a              | nd outreach e      | fforts to        |  |
| 1           |   | nsure we reach our an    |                            |                       |                |           |                  |                    |                          |                    |                  |  |
| 0-          | nter et val Dataila f   | ian Iana Daa (Cana       | $\mathcal{C}$              |                       |                |           |                  |                    |                          |                    |                  |  |
| Col         | ntractual Details f   | or Jane Doe (Cons        | uitant                     | )                     |                |           |                  |                    |                          |                    |                  |  |
| $\times$    | Personnel   |                          | ,                          |                       |                |           |                  |                    |                          |                    |                  |  |
|             | Fringe Benefits   |                          |                            |                       |                |           |                  |                    |                          |                    |                  |  |
|             | Travel  |                          |                            |                       |                |           |                  |                    |                          |                    |                  |  |
|             | Supplies  | .0                       |                            |                       |                |           |                  |                    |                          |                    |                  |  |
|             | Other   | (0)                      |                            |                       |                |           |                  |                    |                          |                    |                  |  |
| Ш           | Indirect Charges  | J                        |                            |                       |                |           |                  |                    |                          |                    |                  |  |
| Co          | ontractual Personnel  | Costs for Jane Doe (C    | onsult                     | ant)                  |                |           |                  |                    |                          |                    |                  |  |
|             |   |                          | V                          | Chl-                  |                |           | Calculati        | ion                |                          |                    | NON              |  |
| Lin<br>Ite  | m Position  | Name                     | Rey<br>Position<br>per the | Check<br>if<br>Annual | Hourly         | Harris    | Annual           |                    | Contractual              | FEDERAL            | NON-<br>FEDERAL  |  |
|             |   |                          | FOA                        | Salary                | Rate           | Hours     | Salary           | of Effort<br>(LOE) | Personnel<br>Cost        | REQUEST            | MATCH            |  |
| 5           | Outreach Facilitator (Consultant)   | Jane Doe                 |                            |                       | \$43.00        | 240       |                  |                    | \$10,320                 | \$0                | \$10,320         |  |
|             |   |                          |                            |                       |                |           |                  | TOTAL              | \$10,320                 | \$0                | \$10,320         |  |
| Lin         |   |                          |                            |                       |                |           |                  |                    |                          |                    |                  |  |
| Itei<br>#   |   | nnel Narrative:          |                            |                       |                |           |                  |                    |                          |                    |                  |  |
|             |   |                          |                            |                       |                |           |                  |                    |                          |                    |                  |  |

Page 9 of 14

v1.2

02/2021



# SAMHSA Detailed Budget and Narrative Justification

| L  | ine      | Contractual Personnel Narrative:   |
|----|----------|--|
| It | em <br># | Contractual Personnel Narrative:   |
| Н  | TT.      |  |
|    | 1        | The consultant, Jane Doe, will volunteer her time to provide outreach facilitation services (20 hours per month). The hourly |
|    | .        | rate is based on an average salary of an outreach facilitator in the geographic area.  |
|    |          |  |

### Contractual Travel Costs for Jane Doe (Consultant)

|           |              |             |                            | Calculation                |       |                           |    |             |                    |                  |
|-----------|--------------|-------------|----------------------------|----------------------------|-------|---------------------------|----|-------------|--------------------|------------------|
| Trip<br># | Purpose      | Destination | Item                       | Cost /<br>Rate per<br>Item | Basis | Quantity<br>per<br>Person | of | Travel Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| 1         | Local Travel | various     | Local Travel (POV Mileage) | \$0.50                     | Mile  | 1,776.00                  | 1  | \$888       | \$0                | \$888            |
| ľ         |              |             |                            |                            |       |                           |    |             | 200                | ΨΟΟΟ             |
|           | TOTAL \$88   |             |                            |                            |       |                           |    | \$888       | \$0                | \$888            |

| Trin | Contractual |        |           |
|------|-------------|--------|-----------|
| Hilb | Contractual | Travol | Marrativo |
| 44   | Contractual | Havei  | Mariative |

Jane Doe will provide the funding for her local travel expenses. Local travel is based on average distance between facilitator's location and the meeting site (148 miles per month x 12 months = 1,776 miles). Privately-owned vehicle (POV) mileage reimbursement rate is based on the organization's policies.

| Contractual Details for West I | Bank School District |
|--------------------------------|----------------------|
| Personnel                      |                      |
| Fringe Benefits                | <b>%O</b> \          |
| Travel                         | :6                   |
| Supplies                       |                      |
| <b>⊠</b> Other                 |                      |
| Indirect Charges               | 0                    |
|                                |                      |

| Personnel       |  |
|-----------------|--|
| Fringe Benefits |  |

# Contractual Other Costs for West Bank School District

|                   | XO  |                     | Ca                      |          | NON-     |                           |                    |                  |
|-------------------|---|---------------------|-------------------------|----------|----------|---------------------------|--------------------|------------------|
| Line<br>Item<br># |   | Unit Cost /<br>Rate | Basis                   | Quantity | Duration | Contractual<br>Other Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| 1                 | Drug testing, referral, and case management | \$300.00            | per student per<br>year | 50.00    |          | \$15,000                  | \$0                | \$15,000         |
|                   | 700   |                     |                         |          | TOTAL    | \$15,000                  | \$0                | \$15,000         |

### Contractual Other Narrative:

West Bank School District is donating their contracted services to provide drug testing, referral, and case management for 50 non-school attending youth. Average cost is \$300/person.

# G. Construction: Not Applicable

# H. Other

|             |                     | С     | alculation |          |                    | NON-             |
|-------------|---------------------|-------|------------|----------|--------------------|------------------|
| Line Item # | Unit Cost /<br>Rate | Basis | Quantity   | Duration | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |

v1.2 Page 10 of 14 02/2021

**132** | Page 6/1/2021



|           | Line              |                     | Calculation             |          |          |            |                    | NON-             |
|-----------|-------------------|---------------------|-------------------------|----------|----------|------------|--------------------|------------------|
| Item<br># | Item              | Unit Cost /<br>Rate | Basis                   | Quantity | Duration | Other Cost | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| 1         | Rent              | \$6.75              | per sq. ft.             | 700.00   | 12.00    | \$56,700   | \$56,700           |                  |
| 2         | Telephone         |                     | per month               |          | 12.00    | \$1,200    | \$1,200            |                  |
| 3         | Client Incentives | \$10.00             | per client follow<br>up | 250.00   |          | \$2,500    | \$2,500            | 0),              |
| 4         | Brochures         | \$0.89              | per brochure            | 1,500.00 |          | \$1,335    | \$1,335            | 5                |
| 5         | Space rental      | \$75.00             | per event               | 12.00    |          | \$900      | \$0                | \$900            |
| 6         | Student surveys   | \$1.00              | per survey              | 1,500.00 |          | \$1,500    | \$0                | \$1,500          |
| 7         | Brochures         | \$0.97              | per brochure            | 1,500.00 |          | \$1,455    | \$0                | \$1,455          |
|           |                   |                     |                         |          | TOTAL    | \$65,590   | \$61,735           | \$3,855          |

| Lir<br>Ite | Other Narrative:  |
|------------|---|
| 1          | We are requesting rental costs as a direct charge because the 700 sq ft service site is necessary for the project. The service site will be used for staff and consultants to coordinate and implement project activities such as Advisory Working Group meetings, vocational and educational counseling sessions with clients, meetings with local authorities and organizations to plan and coordinate activities for client supports. The rent was calculated by square footage and reflects SAMHSA's fair share of the space. Refer to attached completed Rent Questionnaire for more details on the rental cost. |
| 2          | The monthly telephone costs reflect the percent of effort for the personnel listed in this application for this project only.   |
| 3          | The \$10 incentive is needed to meet program goals by encouraging attendance and follow-up with 250 clients.  |
| 4          | Brochures will be used at various community functions such as health fairs and exhibits.  |
| 5          | The ABC Company is donating space for the various activities outlined in the scope of work, such as teen night out, after-school programs, and parent education classes (12 events per year).   |
| 6          | The ABC Company is donating the cost of student surveys.  |

# I. Total Direct Charges

| TOTAL DIRECT CHARGES | TOTAL FEDERAL REQUEST | TOTAL NON-FEDERAL MATCH |
|----------------------|-----------------------|-------------------------|
| TOTAL DIRECT CHARGES | \$222,671             | \$61,094                |

The ABC Company is donating the printing costs for the bi-monthly brochures to be handed out with the student surveys.

# J. Indirect Charges

# Type of IDC Rate / Cost Allocation Plan

We will apply the rate in our approved federally negotiated IDC rate agreement

# Indirect Charges

| End Date of Effective Period of |                       | Calculation   |         |                    | NON-             |
|---------------------------------|-----------------------|---------------|---------|--------------------|------------------|
| Approved IDC Rate Agreement     | Approved IDC Rate (%) | Approved Base | IDC     | FEDERAL<br>REQUEST | FEDERAL<br>MATCH |
| 08/29/2024                      | 12.00%                | \$68,410      | \$8,209 | \$8,209            |                  |

v1.2 Page 11 of 14 02/2021



### SAMHSA Detailed Budget and Narrative Justification

| TOTAL |         |         |  |
|-------|---------|---------|--|
| TOTAL | \$8.209 | \$8.209 |  |
|       | + - ,   | · - ,—  |  |

# Indirect Charges Narrative:

- 1. Our organization's approved IDC rate is 12.00% of personnel and fringe costs effective 08/30/2019 through 08/29/2024.
- 2. We applied our IDC rate to personnel and fringe costs only, which is the approved base stated in our IDC rate agreement.
- 3. Our approved IDC rate is in effect at the beginning of the budget period.
- 4. We have attached a copy of our approved federally negotiated IDC rate agreement.

### **REVIEW OF COST SHARING AND MATCHING**

The table below compares the amount of matching funds (NON-FEDERAL MATCH) shown in the budget with the minimum required match calculated based on the match ratio entered on page 1.

| funds request      | EST (amount of fede ted in the budget) |                      | AL MATCH (your matching shown in the budget) | REQUIRED NON-FEDERAL MATCH<br>(minimum match required per the match<br>ratio on page 1) |
|--------------------|--|----------------------|--|---|
| \$230,880          |  |                      | \$61,094                                     | \$40,744  |
| BUDGET SUM         | MARY: YEAR 1                           |                      | CHILLIS                                      |   |
| BUDGET<br>CATEGORY | FEDERAL<br>REQUEST                     | NON-FEDERAL<br>MATCH | :6   |   |
| A. Personnel       | \$52,765                               | \$21,580             |  |   |
| B. Fringe Benefits | \$15,645                               | \$6,399              |  |   |
|                    |  |                      |  |   |

### **BUDGET SUMMARY: YEAR 1**

| BUDGET<br>CATEGORY                         | FEDERAL<br>REQUEST | NON-FEDERAL<br>MATCH |
|--|--------------------|----------------------|
| A. Personnel                               | \$52,765           | \$21,580             |
| B. Fringe Benefits                         | \$15,645           | \$6,399              |
| C. Travel                                  | \$2,804            | \$1,279              |
| D. Equipment                               | \$0                | \$0                  |
| E. Supplies                                | \$2,296            | \$1,773              |
| F. Contractual                             | \$87,426           | \$26,208             |
| G. Construction (N/A)                      | \$0                | \$0                  |
| H. Other                                   | \$61,735           | \$3,855              |
| I. Total Direct Charges<br>(sum of A to H) | \$222,671          | \$61,094             |
| J. Indirect Charges                        | \$8,209            | \$0                  |
| Total Projects Costs (sum of I and J)      | \$230,880          | \$61,094             |

# **BUDGET SUMMARY FOR REQUESTED FUTURE YEARS**

| So                 | Year 2             |                      | Year 3             |                      | Year 4             |                      | Year <b>5</b>      |                      |
|--------------------|--------------------|----------------------|--------------------|----------------------|--------------------|----------------------|--------------------|----------------------|
| Budget Category    | FEDERAL<br>REQUEST | NON-FEDERAL<br>MATCH | FEDERAL<br>REQUEST | NON-FEDERAL<br>MATCH | FEDERAL<br>REQUEST | NON-FEDERAL<br>MATCH | FEDERAL<br>REQUEST | NON-FEDERAL<br>MATCH |
| A. Personnel       | \$54,348           | \$22,227             | \$55,978           | \$22,894             | \$57,657           | \$23,581             | \$59,387           | \$24,288             |
| B. Fringe Benefits | \$16,114           | \$6,790              | \$17,101           | \$6,994              | \$17,614           | \$7,204              | \$18,143           | \$7,420              |

02/2021 v1.2 Page 12 of 14

**134** | Page 6/1/2021



# SAMHSA Detailed Budget and Narrative Justification

| C. Travel                               | \$2,804   | \$1,279  | \$2,804   | \$1,279  | \$2,804   | \$1,279  | \$2,804   | \$1,279  |
|---|-----------|----------|-----------|----------|-----------|----------|-----------|----------|
| D. Equipment                            | \$0       | \$0      | \$0       | \$0      | \$0       | \$0      | \$0       | \$0      |
| E. Supplies                             | \$1,096   | \$748    | \$1,096   | \$748    | \$1,096   | \$748    | \$1,096   | \$748    |
| F. Contractual                          | \$87,426  | \$26,208 | \$87,426  | \$26,208 | \$87,426  | \$26,208 | \$87,426  | \$26,208 |
| G. Construction                         | \$0       | \$0      | \$0       | \$0      | \$0       | \$0      | \$0       | \$0      |
| H. Other                                | \$63,433  | \$3,855  | \$64,886  | \$3,855  | \$66,375  | \$3,855  | \$67,902  | \$3,855  |
| I. Total Direct<br>Charges (sum A to H) | \$225,221 | \$61,107 | \$229,291 | \$61,978 | \$232,972 | \$62,875 | \$236,758 | \$63,798 |
| J. Indirect Charges                     | \$8,455   | \$0      | \$8,769   | \$0      | \$9,033   | \$0      | \$9,304   | \$0      |
| Total Project Costs (sum of I and J)    | \$233,676 | \$61,107 | \$238,060 | \$61,978 | \$242,005 | \$62,875 | \$246,062 | \$63,798 |

### **Budget Summary Narrative:**

- 1. Personnel costs for future years include a 3% cost of living adjustment (COLA). See attached organization policy on COLA.
- 2. Fringe benefit costs for years 3, 4, and 5 include a 3% increase (from 29.65% to 30.55%).
- 3. Supplies costs for future years exclude costs for the following one-time expenses: laptop and printer.
- 4. Rental costs for future years include a 2.5% increase.

# **FUNDING LIMITATIONS / RESTRICTIONS**

### Funding Limitation/Restriction

No more than 10 percent of the total grant award for each budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

|   | Year 1   | Year 2   | Year 3   | Year 4   | Year 5   | Total for Budget<br>Category |
|---|----------|----------|----------|----------|----------|------------------------------|
| A. Personnel                            | \$5,277  | \$5,435  | \$5,598  | \$5,766  | \$5,939  | \$28,015                     |
| B. Fringe Benefits                      | \$1,564  | \$1,611  | \$1,710  | \$1,761  | \$1,814  | \$8,460                      |
| C. Travel                               | \$150    | \$150    | \$150    | \$150    | \$150    | \$750                        |
| D. Equipment                            | \$(      | \$0      | \$0      | \$0      | \$0      | \$0                          |
| E. Supplies                             | \$400    | \$400    | \$400    | \$400    | \$400    | \$2,000                      |
| F. Contractual                          | \$9,732  | \$9,732  | \$9,732  | \$9,732  | \$9,732  | \$48,660                     |
| H. Other                                | \$2,500  | \$2,500  | \$2,500  | \$2,500  | \$2,500  | \$12,500                     |
| I. Total Direct<br>Charges (sum A to H) | \$19,623 | \$19,828 | \$20,090 | \$20,309 | \$20,535 | \$100,385                    |
| J. Indirect Charges                     | \$821    | \$846    | \$877    | \$903    | \$930    | \$4,377                      |
| TOTAL for the<br>Budget Year            | \$20,444 | \$20,674 | \$20,967 | \$21,212 | \$21,465 | \$104,762                    |
| Percentage of the<br>Budget             | 8.855%   | 8.847%   | 8.807%   | 8.765%   | 8.723%   |                              |

# Funding Limitation/Restriction Narrative:

The percentage of the budget that will be spent on data collection and performance measurement does not exceed 10% for any

v1.2 Page 13 of 14 02/2021



budget period. Maximum percentage for any budget period is 8.9% (\$20,444 / \$230,880 - Year 1).

The following expenses in our Year 1 budget relate to the amounts shown in the table above:

Personnel and Fringe - approximately 10% of the Project Director and Program Coordinator's time will be spent overseeing data collection and performance measurement activities.

Travel - approximately 10% of staff's local travel costs will be for data collection and performance measurement activities.

Supplies - approximately 50% of the cost for copies will be for data collection and performance measurement activities.

Other - \$2,500 is the cost for incentives for data follow-up (250 clients @\$10 each).

asurement activity.

Assurement activity.

A

v1.2 02/2021 Page 14 of 14

**136** | Page 6/1/2021



# Multi-Year Funded

# SAMHSA Detailed Budget and Narrative Justification

| Applicant/Recipient          |  |            | Application/Award Number |  |  |  |
|------------------------------|--|------------|--------------------------|--|--|--|
| Certified Community Behavior | al Health Clinic                                     |            | H79SM012345              |  |  |  |
| Project Title:               | Certified Behavioral Health Clinic Expansion Project |            |                          |  |  |  |
|                              | Start Date   | End Date   | Budget Year              |  |  |  |
| Budget Period:               | 02/15/2021   | 02/14/2023 | 1                        |  |  |  |

# **COST SHARING AND MATCHING**

| Matching Required: | YES | ⊠ NO |
|--------------------|-----|------|
|--------------------|-----|------|

# A. Personnel

|                   |  |               | Key                        | Check                |                |       | Calculation      | on                            | 0                 |                    |
|-------------------|--|---------------|----------------------------|----------------------|----------------|-------|------------------|-------------------------------|-------------------|--------------------|
| Line<br>Item<br># | Position   | Name          | Position<br>per the<br>FOA | if<br>Hourly<br>Rate | Hourly<br>Rate | Hours | Annual<br>Salary | % Level<br>of Effort<br>(LOE) | Personnel<br>Cost | FEDERAL<br>REQUEST |
| 1                 | Line items for<br>Incremental Period<br>1 are shown below: |               |                            |                      |                |       | Sil              | 2                             | \$0               | \$0                |
| 2                 | Project Director   | Joe Smith     | $\boxtimes$                |                      |                |       | \$150,000        | 100.0%                        | \$150,000         | \$150,000          |
| 3                 | Evaluator  | Jane Doe      |                            |                      |                | (0)   | \$80,000         | 100.0%                        | \$80,000          | \$80,000           |
| 4                 | Rehab Case<br>Manager                                      | To Be Hired   |                            |                      | . 6            |       | \$80,000         | 100.0%                        | \$80,000          | \$80,000           |
| 5                 | Therapist  | Jose Gonzalez |                            |                      | 10             |       | \$60,000         | 100.0%                        | \$60,000          | \$60,000           |
| 6                 | Psychiatrist   | To Be Hired   |                            | D                    |                |       | \$60,000         | 100.0%                        | \$60,000          | \$60,000           |
| 7                 | Nurse Practitioner   | To Be Hired   | 9                          |                      |                |       | \$120,000        | 100.0%                        | \$120,000         | \$120,000          |
| 8                 | Social Worker  | Rick Jones    |                            |                      |                |       | \$75,000         | 100.0%                        | \$75,000          | \$75,000           |
| 9                 | Outreach<br>Coordinator                                    | David Lee     |                            |                      |                |       | \$70,000         | 100.0%                        | \$70,000          | \$70,000           |
| 10                | Data Analyst   | Ryan Cohen    |                            |                      |                |       | \$60,000         | 100.0%                        | \$60,000          | \$60,000           |
| 11                | Occupational<br>Therapist                                  | To Be Hired   |                            |                      |                |       | \$90,000         | 100.0%                        | \$90,000          | \$90,000           |
| 12                | Line items for<br>Incremental Period<br>2 are shown below: | 3110          |                            |                      |                |       |                  |                               | \$0               | \$0                |
| 13                | Project Director   | Joe Smith     |                            |                      |                |       | \$153,750        | 100.0%                        | \$153,750         | \$153,750          |
| 14                | Evaluator  | Jane Doe      |                            |                      |                |       | \$82,000         | 100.0%                        | \$82,000          | \$82,000           |
| 15                | Rehab Case<br>Manager                                      | To Be Hired   |                            |                      |                |       | \$82,000         | 100.0%                        | \$82,000          | \$82,000           |
| 16                | Therapist  | Jose Gonzalez |                            |                      |                |       | \$61,500         | 100.0%                        | \$61,500          | \$61,500           |
| 17                | Psychiatrist   | To Be Hired   |                            |                      |                |       | \$61,500         | 100.0%                        | \$61,500          | \$61,500           |
| 18                | Nurse Practitioner   | To Be Hired   |                            |                      |                |       | \$123,000        | 100.0%                        | \$123,000         | \$123,000          |
| 19                | Social Worker  | Rick Jones    |                            |                      |                |       | \$76,875         | 100.0%                        | \$76,875          | \$76,875           |
| 20                | Outreach<br>Coordinator                                    | David Lee     |                            |                      |                |       | \$71,750         | 100.0%                        | \$71,750          | \$71,750           |

v1.2 Page 1 of 11 02/2021



# SAMHSA Detailed Budget and Narrative Justification

| 21                | Data Analyst  | Ryan Cohen  |          |         |            | \$            | 61,500    | 100.0%   | \$61,500     | \$61,500         |             |
|-------------------|---|---|----------|---------|------------|---------------|-----------|----------|--------------|------------------|-------------|
| 22                | Occupational<br>Therapist   | To Be Hired   |          |         |            | \$            | 92,250    | 100.0%   | \$92,250     | \$92,250         |             |
|                   |   |   |          |         |            |               | T         | TOTAL    | \$1,711,125  | \$1,711,125      |             |
|                   |   |   |          |         |            |               |           |          |              |                  |             |
| Line<br>Item<br># | Personnel Narra   | tive:   |          |         |            |               |           |          |              |                  |             |
| 1                 | Narratives for line it  | ems for Incremental Pe                                | eriod '  | 1 are p | provided   | below:        |           |          |              |                  | 113         |
| 2                 | The Project Director is responsible for the daily oversight of grant activities. He will work with the Medical Director and contractors to ensure smooth program implementation.  |   |          |         |            |               |           |          |              |                  |             |
| 3                 | Evaluator will report to the Director and be responsible for oversight of the daily evaluation activities including development of study protocols, working with Director of Data & Reporting to ensure data collection workflows, accuracy and reliability necessary for qualitative andquantitative analysis. |   |          |         |            |               |           |          |              |                  |             |
|                   |   | Case Manager is expe                                  |          |         | red withi  | n 60 days d   | of the a  | award d  | ate He/she   | will educate     | nrogram     |
| 4                 | participants about ti   | he benefits of active Me<br>beir choice and assist cl | edicai   | d healt | th insura  | nce. He/sh    | e will e  |          |              |                  |             |
| 5                 | The Therapist will pand reviews.  | provide direct services t                             | o pro    | gram p  | articipar  | nts including | g initial | assess   | sments, trea | atment plan d    | evelopment, |
| 6                 |   | expected to be hired w<br>e 24-hours mobile crisi     |          |         |            |               |           |          |              |                  |             |
|                   |   | ner is expected to be h                               |          |         |            |               |           |          |              |                  |             |
| _                 |   | nd hypertension. He/sh                                |          |         |            |               |           |          |              | ,                | _           |
| -                 | responsible for prov  | riding clinical supervision                           | on and   | d overs | sight to t | he medical    | staff o   | n the pi | rogram incl  | uding the Reg    | jistered    |
|                   | Nurse.  |   |          |         |            |               |           |          |              |                  |             |
| 8                 | The Social Worker additional evenings   | provides comprehensiv                                 | re ber   | naviora | ıl health  | care during   | ı expar   | nded ho  | urs, which i | include week     | ends and    |
| 9                 | The Outreach Coor<br>uninsured or underi  | dinator conducts scree<br>nsured.                     | nings    | ; non-b | oillable c | are coordin   | ation; I  | linkage  | with MH/SA   | A services; tre  | atment for  |
| 10                | The Data Analyst defrom the EHR datab   | evelops dashboards ar                                 | nd rep   | orts in | support    | of delivering | ng CCE    | 3HC pei  | rformance i  | mprovement       | measures    |
| 11                | The Occupational T  | herapist works with MI                                | H/SUE    | patie   | nts indiv  | idually and   | in gro    | ups to a | ddress the   | loss of skill ir | self-care,  |
| 12                | social skills, activitie  | es of daily living.<br>ems for Incremental Pe         | eriod :  | 2 are p | rovided    | below.        |           |          |              |                  |             |
|                   |   | laries include a COLA                                 | <u> </u> |         |            |               |           |          |              |                  |             |
|                   |   | laries include a COLA                                 |          |         |            |               |           |          |              |                  |             |
|                   |   | laries include a COLA                                 |          |         |            |               |           |          |              |                  |             |
|                   |   | laries include a COLA                                 |          |         |            |               |           |          |              |                  |             |
|                   |   | laries include a COLA                                 |          |         |            |               |           |          |              |                  |             |
|                   | . 0.  | laries include a COLA                                 |          |         |            |               |           |          |              |                  |             |
|                   | ~0,   | laries include a COLA                                 |          |         |            |               |           |          |              |                  |             |
| 20                | Same as above. Sa   | laries include a COLA                                 | of 2.5   | 5%.     |            |               |           |          |              |                  |             |
| 21                | -   | alaries include a COLA                                |          |         |            |               |           |          |              |                  |             |
| 22                | Same as above. Sa   | laries include a COLA                                 | of 2.5   | 0/2     |            |               |           |          |              |                  |             |

Show In-Kind Personnel Table

# **B. Fringe Benefits**

v1.2 Page 2 of 11 02/2021



Our organization's fringe benefits consist of the components shown below:

| Fringe Components | Rate (%) |
|-------------------|----------|
| FICA              | 7.65%    |
| Payroll Tax       | 0.36%    |
| Unemployment      | 0.95%    |
| Medical           | 14.83%   |
| Life insurance    | 1.21%    |
| Total Fringe Rate | 25.00%   |

### Fringe Benefits Cost

|                   |  |               |                   | Calc                        | ulation                                | 0/),                       |                    |
|-------------------|--|---------------|-------------------|-----------------------------|--|----------------------------|--------------------|
| Line<br>Item<br># | Position   | Name          | Personnel<br>Cost | Total<br>Fringe<br>Rate (%) | Fixed / Lump<br>Sum Fringe<br>(if any) | Fringe<br>Benefits<br>Cost | FEDERAL<br>REQUEST |
| 1                 | Line items for Incremental Period 1 are shown below: |               | \$0               | 0.00%                       | Kajjo                                  | \$0                        | \$0                |
| 2                 | Project Director                                     | Joe Smith     | \$150,000         | 25.00%                      | 0                                      | \$37,500                   | \$37,500           |
| 3                 | Evaluator  | Jane Doe      | \$80,000          | 25.00%                      |  | \$20,000                   | \$20,000           |
| 4                 | Rehab Case Manager                                   | To Be Hired   | \$80,000          | 25.00%                      |  | \$20,000                   | \$20,000           |
| 5                 | Therapist  | Jose Gonzalez | \$60,000          | 25.00%                      |  | \$15,000                   | \$15,000           |
| 6                 | Psychiatrist   | To Be Hired   | \$60,000          | 25.00%                      |  | \$15,000                   | \$15,000           |
| 7                 | Nurse Practitioner                                   | To Be Hired   | \$120,000         | 25.00%                      |  | \$30,000                   | \$30,000           |
| 8                 | Social Worker  | Rick Jones    | \$75,000          | 25.00%                      |  | \$18,750                   | \$18,750           |
| 9                 | Outreach Coordinator                                 | David Lee     | \$70,000          | 25.00%                      |  | \$17,500                   | \$17,500           |
| 10                | Data Analyst   | Ryan Cohen    | \$60,000          | 25.00%                      |  | \$15,000                   | \$15,000           |
| 11                | Occupational Therapist                               | To Be Hired   | \$90,000          | 25.00%                      |  | \$22,500                   | \$22,500           |
| 12                | Line items for Incremental Period 2 are shown below: | 300           | \$0               | 0.00%                       |  | \$0                        | \$0                |
| 13                | Project Director                                     | Joe Smith     | \$153,750         | 25.00%                      |  | \$38,438                   | \$38,438           |
| 14                | Evaluator  | Jane Doe      | \$82,000          | 25.00%                      |  | \$20,500                   | \$20,500           |
| 15                | Rehab Case Manager                                   | To Be Hired   | \$82,000          | 25.00%                      |  | \$20,500                   | \$20,500           |
| 16                | Therapist  | Jose Gonzalez | \$61,500          | 25.00%                      |  | \$15,375                   | \$15,375           |
| 17                | Psychiatrist   | To Be Hired   | \$61,500          | 25.00%                      |  | \$15,375                   | \$15,375           |
| 18                | Nurse Practitioner                                   | To Be Hired   | \$123,000         | 25.00%                      |  | \$30,750                   | \$30,750           |
| 19                | Social Worker  | Rick Jones    | \$76,875          | 25.00%                      |  | \$19,219                   | \$19,219           |
| 20                | Outreach Coordinator                                 | David Lee     | \$71,750          | 25.00%                      |  | \$17,938                   | \$17,938           |
| 21                | Data Analyst   | Ryan Cohen    | \$61,500          | 25.00%                      |  | \$15,375                   | \$15,375           |
| 22                | Occupational Therapist                               | To Be Hired   | \$92,250          | 25.00%                      |  | \$23,063                   | \$23,063           |
|                   |  |               |                   |                             |  |                            |                    |

v1.2 Page 3 of 11 02/2021



|                   |          | tion Name |                   | Calculation                 |  |                            |                    |  |  |
|-------------------|----------|-----------|-------------------|-----------------------------|--|----------------------------|--------------------|--|--|
| Line<br>Item<br># | Position |           | Personnel<br>Cost | Total<br>Fringe<br>Rate (%) | Fixed / Lump<br>Sum Fringe<br>(if any) | Fringe<br>Benefits<br>Cost | FEDERAL<br>REQUEST |  |  |
|                   |          |           |                   |                             | TOTAL                                  | \$427,783                  | \$427,783          |  |  |

### Fringe Benefits Narrative:

For Incremental Period 1 and 2, the fringe benefit rate for full-time employees and part-time employees working 20 hours or more is 25%.

### C. Travel

|           |  |             |           | Cald                       | culation   |                           |                         |                | ~2                 |
|-----------|--|-------------|-----------|----------------------------|------------|---------------------------|-------------------------|----------------|--------------------|
| Trip<br># | Purpose De                                   | Destination | Item      | Cost /<br>Rate per<br>Item | Basis      | Quantity<br>per<br>Person | Number<br>of<br>Persons | Travel<br>Cost | FEDERAL<br>REQUEST |
| 1         | Local Travel Staff -<br>Incremental Period 1 | Various     | Train/Bus | \$110.00                   | Round Trip | 12.00                     | 10                      | \$13,200       | \$13,200           |
| 2         | Local Travel Staff -<br>Incremental Period 2 | Various     | Train/Bus | \$110.00                   | Round Trip | 12.00                     | 10                      | \$13,200       | \$13,200           |
|           | 1  | ]=          | 4         |                            | 111        | > -                       | TOTAL                   | \$26,400       | \$26,400           |

# Travel Narrative:

- For Incremental Period 1, staff is expected to be in the field, visiting clients, escorting them to appointments as needed. We have budgeted 12 monthly MetroCards for each staff to use at a cost of \$110 per month.
- Travel for Incremental Period 2 is the same as for Incremental Period 1.

# D. Equipment

| Ya.               | ~?*                           |          |                                     |                                      |                   |         |
|-------------------|-------------------------------|----------|-------------------------------------|--------------------------------------|-------------------|---------|
| Line<br>Item<br># |                               | Quantity | Purchase or<br>Rental/Lease<br>Cost | Percent<br>Charged to the<br>Project | Equipment<br>Cost | REQUEST |
| 1                 | Copier - Incremental Period 1 | 1        | \$5,000.00                          | 100.0%                               | \$5,000           | \$5,000 |
|                   | 193                           |          |                                     | TOTAL                                | \$5,000           | \$5,000 |

# Equipment Narrative:

One copier is needed for the general operation of the project. This is a one-time expense.

# E. Supplies

|                   | ltem   |           |           | Calculation |          |                  | FEDERAL<br>REQUEST |
|-------------------|--|-----------|-----------|-------------|----------|------------------|--------------------|
| Line<br>Item<br># |  | Unit Cost | Basis     | Quantity    | Duration | Supplies<br>Cost |                    |
| 1                 | Line items for Incremental Period 1 are shown below: |           |           |             |          |                  |                    |
| 2                 | General office supplies                              | \$750.00  | per month |             | 12.00    | \$9,000          | \$9,000            |

v1.2 Page 4 of 11 02/2021



|                   |  |            | C          | alculation |          |                  |          |
|-------------------|--|------------|------------|------------|----------|------------------|----------|
| Line<br>Item<br># | ltem   | Unit Cost  | Basis      | Quantity   | Duration | Supplies<br>Cost | REQUEST  |
| 3                 | Laptop Computers                                     | \$1,200.00 | per laptop | 10.00      |          | \$12,000         | \$12,000 |
| 4                 | Medical supplies                                     | \$500.00   | per month  |            | 12.00    | \$6,000          | \$6,000  |
| 5                 | Line items for Incremental Period 2 are shown below: |            |            |            |          |                  |          |
| 6                 | General Office Supplies                              | \$750.00   | per month  |            | 12.00    | \$9,000          | \$9,000  |
| 7                 | Medical supplies                                     | \$500.00   | per month  |            | 12.00    | \$6,000          | \$6,000  |
|                   |  |            |            |            | TOTAL    | \$42,000         | \$42,000 |

| LIIIe  |          |            |
|--------|----------|------------|
| lto m  | Supplied | Narrative: |
| Ireili | Supplies | manative.  |
| -44    |          |            |

- Narratives for line items for Incremental Period 1 are provided below:
- <sup>2</sup> General office supplies including postage are needed for the general operation of the program.
- Staff will be expected to document notes while in the field meeting with program participants/clients. Staff will need laptop computers to facilitate this work. The unit cost is based on retail values at the time this application was written.
- Medical supplies such as swabs, gloves, disposable, underpads, fingertip oximeters, alcohol wipes, gauze, bandages,
- 4 cotton swabs, first aid kits, masks, exam table paper rolls, etc. will be needed. These are budgeted at an estimated average of \$500 per month based on current organizational expenses.
- 5 Narratives for line items for Incremental Period 2 are provided below:
- 6 Same as above.
- 7 Same as above

# F. Contractual

### **Summary of Contractual Costs**

| Contract<br># | Name of Organization or<br>Consultant                            | Summary of Services & Deliverables Provided  | Contractual<br>Cost | FEDERAL<br>REQUEST |
|---------------|--|--|---------------------|--------------------|
| 1             | Call Center Services Inc Incremental<br>Period 1                 | Call Center Services Inc. will provide the first stage of<br>crisis response off-hours and weekends to our program<br>participants/clients. See attached statement of work for the<br>list of tasks and deliverables for Call Center Services Inc. | \$22,800            | \$22,800           |
|               | Electronic Health Record (EHR) Services Inc Incremental Period 1 | EHR services are required to improve access and tele-<br>health functions. See attached statement of woirk for the<br>list of tasks and deliverables for EHR Services Inc.   | \$50,000            | \$50,000           |
| 3             | Employment Consultant - Incremental<br>Period 2                  | Responsible for recruiting businesses and organizations with the goal of providing employment opportunities to a minimum of 100 program participants; delivers at least 6 program workshops and training sessions during Incremental Period 2.     | \$50,000            | \$50,000           |
|               |  | TOTAL  | \$122,800           | \$122,800          |

# Contractual Summary Narrative:

- Call Center Services Inc. will provide the first stage of crisis response off-hours and weekends to our program participants/clients. We procured these services via a small purchase 2-year contract with a period of performance of 02/15/2021 through 02/14/2023. See attached statement of work for this contract for the specific tasks/activities and deliverables.
- EHR Inc. is needed to improve access to records and facilitate tele-health functions. We procured these services via a small purchase 2-year contract with a period of performance of 02/15/2021 through 02/14/2023. See attached statement of work for this contract for the specific tasks/activities and deliverables.

v1.2 Page 5 of 11 02/2021

v1.2



02/2021

# SAMHSA Detailed Budget and Narrative Justification

| Contractual Summary Narrati  |                      | oinecess and er    | aoniaction cu | iith tha gaa | L of providing o                                  | manle, mant annert mities f |  |  |  |  |
|--|----------------------|--------------------|---------------|--------------|---|-----------------------------|--|--|--|--|
| The Employment consultant is responsible for recruiting local businesses and organizations with the goal of providing employment opportunities for program participant and delivering program workshops and training sessions. |                      |                    |               |              |   |                             |  |  |  |  |
| ontractual Details for Call Center S   | Services Inc I       | Incrementa         | al Period     | 1            |   |                             |  |  |  |  |
| Personnel  |                      |                    |               |              |   |                             |  |  |  |  |
| Fringe Benefits  |                      |                    |               |              |   | osesoniy                    |  |  |  |  |
| Travel   |                      |                    |               |              |   | OL,                         |  |  |  |  |
| Supplies   |                      |                    |               |              |   | 5                           |  |  |  |  |
| Other  |                      |                    |               |              |   | 60                          |  |  |  |  |
| Indirect Charges   |                      |                    |               |              |   | 0                           |  |  |  |  |
| ontractual Other Costs for Call Center 9   | Services Inc Inc     | remental Pe        | riod 1        |              | 11/1  |                             |  |  |  |  |
| The detail of the obstation of the obstation   | DETVICES IIIO IIIC   |                    | Calculation   |              | Q   |                             |  |  |  |  |
| ne<br>m Item<br>⊭  | Unit Cost /<br>Rate  | Basis              | Quantity      | Duration     | Contractual<br>Other Cost                         | FEDERAL<br>REQUEST          |  |  |  |  |
| Call Center - Crisis Response  | \$22,800.00          | per contract       | 1.00          | 7,0          | \$22,800  | \$22,800                    |  |  |  |  |
|  |                      | 1                  | .1115         | TOTAL        | \$22,800  | \$22,800                    |  |  |  |  |
|  |                      |                    | ( )           |              |   |                             |  |  |  |  |
| Contractual Other Narrative:   |                      | ٤٥                 | ),            |              |   |                             |  |  |  |  |
| Call Center will provide the first stage of crisis i   | esponse off-hours ar | nd weekends to     | our CCBHC     | participants | . See attached                                    | budget for the Call Center  |  |  |  |  |
| Services Inc. contract.  |                      | 16.                |               |              |   |                             |  |  |  |  |
| ntractual Details for Electronic He  | ealth Record (I      | EHR) Servi         | ces Inc       | Increm       | ental Perio                                       | od 1                        |  |  |  |  |
| Personnel  | C                    |                    |               |              |   |                             |  |  |  |  |
| Fringe Benefits  | ×O-                  |                    |               |              |   |                             |  |  |  |  |
|  |                      |                    |               |              |   |                             |  |  |  |  |
| Travel   | 10                   |                    |               |              |   |                             |  |  |  |  |
| Travel Supplies  | )0                   |                    |               |              |   |                             |  |  |  |  |
| Travel Supplies Other  | )°                   |                    |               |              |   |                             |  |  |  |  |
| Travel Supplies Other Indirect Charges   |                      |                    |               |              |   |                             |  |  |  |  |
| Travel Supplies Other Indirect Charges   |                      |                    |               |              |   |                             |  |  |  |  |
|  |                      | IR) Services       | Inc Incre     | mental P     | Period 1  |                             |  |  |  |  |
| ontractual Other Costs for Electronic He   |                      |                    | Inc Incre     | mental P     | Period 1  | FEDERAL                     |  |  |  |  |
| ontractual Other Costs for Electronic Ho   |                      |                    |               | emental F    | Contractual Other Cost                            | FEDERAL<br>REQUEST          |  |  |  |  |
| ontractual Other Costs for Electronic He   | unit Cost /          | ,                  | Calculation   |              | Contractual                                       |                             |  |  |  |  |
| ontractual Other Costs for Electronic He   | unit Cost /          | Basis              | Quantity      |              | Contractual<br>Other Cost                         | REQUEST                     |  |  |  |  |
| Item  EHR Services Inc.  | unit Cost /          | Basis              | Quantity      | Duration     | Contractual<br>Other Cost<br>\$50,000             | \$50,000                    |  |  |  |  |
| Item  EHR Services Inc.  Contractual Other Narrative:  | Unit Cost /<br>Rate  | Basis per contract | Quantity 1.00 | Duration     | Contractual<br>Other Cost<br>\$50,000<br>\$50,000 | \$50,000                    |  |  |  |  |
| Item  EHR Services Inc.  | Unit Cost /<br>Rate  | Basis per contract | Quantity 1.00 | Duration     | Contractual<br>Other Cost<br>\$50,000<br>\$50,000 | \$50,000                    |  |  |  |  |

**142** | Page 6/1/2021

Page 6 of 11



| Personnel               |                     |                                   |                                 |                           |           |                               |                               |                                  |                            |     |
|-------------------------|---------------------|-----------------------------------|---------------------------------|---------------------------|-----------|-------------------------------|-------------------------------|----------------------------------|----------------------------|-----|
| ringe Benefits          |                     |                                   |                                 |                           |           |                               |                               |                                  |                            |     |
| ringe benents<br>Fravel |                     |                                   |                                 |                           |           |                               |                               |                                  |                            |     |
| Supplies                |                     |                                   |                                 |                           |           |                               |                               |                                  |                            |     |
| Other                   |                     |                                   |                                 |                           |           |                               |                               |                                  |                            |     |
| ndirect Charges         |                     |                                   |                                 |                           |           |                               |                               |                                  |                            |     |
|                         |                     |                                   |                                 |                           |           |                               |                               |                                  |                            |     |
|                         |                     |                                   |                                 |                           |           |                               |                               |                                  |                            | 12  |
| _                       |                     |                                   |                                 |                           |           |                               |                               |                                  | O'S                        | KI  |
| _                       | Costs for Employmen | t Consu                           | ultant -                        | Increme                   | ental Per | iod 2                         |                               |                                  | O                          | KI, |
| ntractual Personnel C   | Costs for Employmen |                                   |                                 | Increme                   | ental Per | iod 2                         | on                            |                                  | o O                        | KI, |
| ntractual Personnel C   | Costs for Employmen | Key<br>Position<br>per the<br>FOA | Check<br>if<br>Annual<br>Salary | Increme<br>Hourly<br>Rate | ental Per |                               | % Level<br>of Effort<br>(LOE) | Contractual<br>Personnel<br>Cost | FEDERAL<br>REQUEST         | HI, |
| ntractual Personnel C   | Name                | Key<br>Position<br>per the        | Check<br>if<br>Annual           | Hourly                    |           | Calculati                     | % Level<br>of Effort          | Personnel                        | REQUEST                    | KI, |
| ntractual Personnel C   | Name                | Key<br>Position<br>per the        | Check<br>if<br>Annual           | Hourly<br>Rate            | Hours     | Calculati<br>Annual<br>Salary | % Level<br>of Effort          | Personnel<br>Cost                | <b>\$50,000</b>            |     |
| ntractual Personnel C   | Name                | Key<br>Position<br>per the        | Check<br>if<br>Annual           | Hourly<br>Rate            | Hours     | Calculati<br>Annual<br>Salary | % Level<br>of Effort<br>(LOE) | Personnel<br>Cost<br>\$50,000    | <b>REQUEST</b><br>\$50,000 |     |
| ntractual Personnel C   | Name                | Key<br>Position<br>per the        | Check<br>if<br>Annual           | Hourly<br>Rate            | Hours     | Calculati<br>Annual<br>Salary | % Level<br>of Effort<br>(LOE) | Personnel<br>Cost<br>\$50,000    | <b>REQUEST</b><br>\$50,000 |     |

# G. Construction: Not Applicable

# H. Other

|                   |  |                     | 4          | Calculation |          |            |                    |
|-------------------|--|---------------------|------------|-------------|----------|------------|--------------------|
| Line<br>Item<br># |  | Unit Cost /<br>Rate | Basis      | Quantity    | Duration | Other Cost | FEDERAL<br>REQUEST |
| 1                 | Line items for Incremental Period 1 are shown below: | <b>&gt;</b>         |            |             |          |            |                    |
| 2                 | Participant/client incentives                        | \$30.00             | per client | 650.00      |          | \$19,500   | \$19,500           |
| 3                 | Rent for program office space                        | \$15.00             | per sq ft  | 575.00      | 12.00    | \$103,500  | \$103,500          |
| 4                 | Printing   | \$1.00              |            | 1,000.00    |          | \$1,000    | \$1,000            |
| 5                 | Line items for Incremental Period 2 are shown below: |                     |            |             |          |            |                    |
| 6                 | Participant/client incentives                        | \$30.00             |            | 650.00      |          | \$19,500   | \$19,500           |
| 7                 | Rent for program office space                        | \$15.00             | per sq ft  | 575.00      | 12.00    | \$103,500  | \$103,500          |
|                   | 76.  |                     |            |             | TOTAL    | \$247,000  | \$247,000          |

| _          |     |   |
|------------|-----|---|
| Lir<br>Ite | Oth | ner Narrative:  |
|            | Nar | ratives for line items for Incremental Period 1 are provided below:   |
| 2          | We  | will provide clients a non-cash incentive (gift cards) for completing the baseline data collection.                                     |
| 3          | 3   | calculated that 575 sq footage in current leased building will be used for this project. See attached completed Rent estions Worksheet. |
| 4          | The | printing costs are for 1,000 brochures/materials announcing CCBHC services.   |
|            | Nar | ratives for line items for Incremental Period 2 are provided below:   |

v1.2 Page 7 of 11 02/2021



### SAMHSA Detailed Budget and Narrative Justification

| L<br>It | ine<br>em<br># | Other Narrative: |
|---------|----------------|------------------|
|         | 6              | Same as above.   |
|         | 7              | Same as above.   |

# I. Total Direct Charges

| TOTAL DIRECT CHARGES | TOTAL FEDERAL REQUEST |
|----------------------|-----------------------|
| TOTAL DIRECT CHARGES | \$2,582,108           |

# J. Indirect Charges

# Type of IDC Rate / Cost Allocation Plan

We elect to charge the de minimis rate of 10%

De Minimis Rate Statement:

We have never received an approved federally negotiated IDC rate and we are electing to charge the de minimis rate of 10% of modified total direct costs (MTDC) until such time we have an approved federally negotiated IDC rate. We will use the de minimis rate consistently for all federal awards until we choose to negotiate for an IDC rate, which we may apply to do at any time.

# Indirect Charges

|                     | Calculation |           | FEDERAL   |
|---------------------|-------------|-----------|-----------|
| De Minimis Rate (%) | MTDC Base   | IDC       | REQUEST   |
| 10.00%              | \$2,350,108 | \$235,011 | \$235,011 |
|                     | TOTAL       | \$235,011 | \$235,011 |

### Indirect Charges Narrative:

The MTDC Base includes only the first \$25,000 of the EHR contract and excludes \$207,000 in rental costs.

# **REVIEW OF COST SHARING AND MATCHING**

Cost sharing or matching is not required for this grant.

# **BUDGET SUMMARY: YEAR 1**

| ( ~~               |                    |
|--------------------|--------------------|
| BUDGET<br>CATEGORY | FEDERAL<br>REQUEST |
| A. Personnel       | \$1,711,125        |
| B. Fringe Benefits | \$427,783          |
| C. Travel          | \$26,400           |
| D. Equipment       | \$5,000            |

v1.2 Page 8 of 11 02/2021



| E. Supplies                             | \$42,000    |
|---|-------------|
| F. Contractual                          | \$122,800   |
| G. Construction (N/A)                   | \$0         |
| H. Other                                | \$247,000   |
| I. Total Direct Charges (sum of A to H) | \$2,582,108 |
| J. Indirect Charges                     | \$235,011   |
| Total Projects Costs (sum of I and J)   | \$2,817,119 |

### **BUDGET SUMMARY FOR REQUESTED FUTURE YEARS**

|   | Year 2             | Year 3             | Year 4             | Year 5             |
|---|--------------------|--------------------|--------------------|--------------------|
| Budget Category                         | FEDERAL<br>REQUEST | FEDERAL<br>REQUEST | FEDERAL<br>REQUEST | FEDERAL<br>REQUEST |
| A. Personnel                            | \$0                | \$0                | \$0                | \$0                |
| B. Fringe Benefits                      | \$0                | \$0                | \$0                | \$0                |
| C. Travel                               | \$0                | \$0                | \$0                | \$0                |
| D. Equipment                            | \$0                | \$0                | \$0                |                    |
| E. Supplies                             | \$0                | \$0                | \$0                | \$0                |
| F. Contractual                          | \$0                | \$0                | \$0                | · <b>S</b> \$0     |
| G. Construction                         | \$0                | \$0                | \$0                | \$0                |
| H. Other                                | \$0                | \$0                | \$0                | \$0                |
| I. Total Direct<br>Charges (sum A to H) | \$0                | \$0                | \$0                | \$0                |
| J. Indirect Charges                     | \$0                | \$0                | \$0                | \$0                |
| Total Project Costs (sum of I and J)    | \$0                | \$0                | \$0                | \$0                |

# Budget Summary Narrative:

Not applicable.

# **FUNDING LIMITATIONS / RESTRICTIONS**

Funding Limitation/Restriction

No more than 15 percent of the total grant award for each budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

|              | Year | 1       | Year | 2 | Year | 3 | Year | 4 | Year | 5 | Total for Budget<br>Category |
|--------------|------|---------|------|---|------|---|------|---|------|---|------------------------------|
| A. Personnel | \$   | 283,500 |      |   |      |   |      |   |      |   | \$283,500                    |

v1.2 Page 9 of 11 02/2021



### SAMHSA Detailed Budget and Narrative Justification

| B. Fringe Benefits                      | \$70,875  |  |     | \$70,875  |
|---|-----------|--|-----|-----------|
| C. Travel                               | \$5,280   |  |     | \$5,280   |
| D. Equipment                            | \$0       |  |     | \$0       |
| E. Supplies                             | \$2,400   |  |     | \$2,400   |
| F. Contractual                          | \$0       |  |     | \$0       |
| H. Other                                | \$0       |  |     | \$0       |
| I. Total Direct<br>Charges (sum A to H) | \$362,055 |  |     | \$362,055 |
| J. Indirect Charges                     | \$36,205  |  | 0,  | \$36,205  |
| TOTAL for the<br>Budget Year            | \$398,260 |  | 05  | \$398,260 |
| Percentage of the<br>Budget             | 14.137%   |  | 116 |           |

### Funding Limitation/Restriction Narrative:

We will use only approximately 14.14% of the total grant award (both Incremental Periods) for data collection, performance measurement, and performance assessmet, including incentives for participating in the required data collection follow-up.

The following costs for the Evaluator and Data Analyst are shown in Year 1 (Incremental Periods 1 and 2) above: Personnel - \$283,500 for salaries

Fringe - \$70,875 for fringe benefits

Travel - \$5,280 for metro cards (\$110 per month x 12 months x 2 persons x 2 incremental periods)

Supplies - \$2,400 for 2 laptop computers (one-time expenses)

Indirect Charges - \$36,205 is the portion of indirect charges on costs for the Evaluator and Data Analyst.

### Funding Limitation/Restriction

Up to \$25,000 of the annual grant award for each budget period may be used to purchase technical assistance (TA). If TA is not needed, the recipient may use those funds for allowable or required activities.

|   | Year 4   | Year | 2 | Year | 3 | Year | 4 | Year | 5 | Total for Budget<br>Category |
|---|----------|------|---|------|---|------|---|------|---|------------------------------|
| A. Personnel                            | 80       |      |   |      |   |      |   |      |   |                              |
| B. Fringe Benefits                      | 0        |      |   |      |   |      |   |      |   |                              |
| C. Travel                               | 2        |      |   |      |   |      |   |      |   |                              |
| D. Equipment                            |          |      |   |      |   |      |   |      |   |                              |
| E. Supplies                             |          |      |   |      |   |      |   |      |   |                              |
| F. Contractual                          | \$45,000 |      |   |      |   |      |   |      |   | \$45,000                     |
| H. Other                                |          |      |   |      |   |      |   |      |   |                              |
| I. Total Direct<br>Charges (sum A to H) | \$45,000 |      |   |      |   |      |   |      |   | \$45,000                     |
| J. Indirect Charges                     | \$4,500  |      |   |      |   |      |   |      |   | \$4,500                      |
| TOTAL for the<br>Budget Year            | \$49,500 |      |   |      |   |      |   |      |   | \$49,500                     |

v1.2 Page 10 of 11 02/2021



| Percentage of the<br>Budget | 1.757% |  |  |  |
|-----------------------------|--------|--|--|--|

# Funding Limitation/Restriction Narrative:

We will use \$49,500 of the grant award (\$24,750 for each Incremental Period) to purchase technical assistance (TA) via the contract with EHR Services Inc.

Sample Budget. Date Shown is for lustration Purposes Only

v1.2 Page 11 of 11 02/2021